



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 29 September 2016



Homecare and Nursing Services Ltd

Type of service: Domiciliary Care Agency

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Inspector: Michele Kelly

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Homecare and Nursing Services Ltd took place on 29 September 2016 from 9.30 to 15.30 hours.

The outcome of the inspection found areas of concern along with areas for improvement set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the Domiciliary Care Agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the inspector found evidence that improvements were required to ensure safe care.

Two areas for quality improvement were identified regarding:

- Ensuring that full and satisfactory information is available in respect of the matters specified in Regulation 13 (a) (b)(c)(d) and Schedule 3
- The induction programme is appropriately structured and lasts a minimum of three full working days

Is care effective?

During the inspection the inspector found evidence that improvements were required to ensure effective care. The agency aims to respond appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of annual quality evaluation have not been implemented in line with regulations and standards; deficits in training records for management and care staff were evident on inspection but improvements were noted in evidence presented since the inspection.

One area for improvement was identified regarding:

- Ensuring key stakeholders are involved in the annual quality of services evaluation

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified.

Is the service well led?

During the inspection the inspector found evidence that the agency needed to make improvements to ensure it could be considered to be well led. The management did have

supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary.

Three areas for improvement were identified during the inspection:

- The registered person is required to provide monthly monitoring reports for inspection which evaluate the quality of the services which the agency arranges to be provided.
- The agency should report any changes in the service user's situation and issues relevant to the health and well-being of the service user to the referring HSC Trust and keep a record of such reports.
- The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jennifer Dodds, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

In accordance with RQIA's Enforcement Policy and Procedures, a meeting was held at RQIA offices on 10 October 2016 to discuss the breaches in regulations identified during the inspection.

In advance of this meeting, RQIA advised the responsible person in writing of RQIA's intention to issue a failure to comply notice in relation to Regulation 13 (a) (b) (c) (d) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At this meeting, the responsible person and registered manager provided an account of the actions they have taken and the arrangements they have made to ensure the improvements necessary to achieve full compliance with the required regulations.

RQIA considered the information provided at the meeting of 10 October 2016 and decided to serve a failure to comply notice in regard to the above regulations. The registered person was informed that they must take immediate action to implement the measures contained in the notice in order to ensure full compliance with the regulations indicated.

RQIA will continue to monitor the quality of service provided by Homecare and Nursing Services Ltd (RQIA ID: 10798) and will carry out an inspection to assess compliance with these regulations.

RQIA also advised the responsible person in writing that an additional meeting would be held on 10 October 2016 in accordance with RQIA's Enforcement Policy and Procedures to discuss the other breaches in regulations identified during this inspection. At this meeting the

registered person and the registered manager outlined a range of actions taken following the inspection to secure compliance. Matters identified at the inspection as concerns are outlined within this report and the Quality Improvement Plan.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 3 March 2016.

2.0 Service details

Registered organisation/registered person: Homecare and Nursing Services Ltd/Helen Mary Kane	Registered manager: Jennifer Dodds
Person in charge of the home at the time of inspection: Jennifer Dodds	Date manager registered: 5 March 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- File audits
- Evaluation and feedback

The registered person was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Two staff questionnaires were returned to RQIA.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Two staff meeting agendas and minutes for September 2015
- Six staff recruitment records
- Staff duty rotas for week of 26 September 2016

- Monthly monitoring reports from April to August 2016
- Two incidents reportable to RQIA in 2014/2015
- A sample of staff training records
- A sample staff quality monitoring, supervision and appraisal records

Prior to the inspection RQIA's User Consultation Officer (UCO) spoke with five relatives, by telephone, on 27 and 28 September 2016 to obtain their views on the quality of service provision. The service users interviewed informed the UCO that they received assistance with personal care, meals and housework.

The UCO also spoke with one service user and one relative who confirmed that they were satisfied with the care provided.

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 3 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(d) Schedule 3 Stated: Second time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	Not Met
	Action taken as confirmed during the inspection: The inspector reviewed six staff personnel records. Four of these files only had one reference and two of these were not from the most recent employer. In addition, one file did not contain evidence of a health check. The agency requires employees to self-declare in respect of their health status and the inspector noted on two files when declarations had been made follow up investigation was not recorded. The registered person had previously on two consecutive quality improvement plans provided written assurances in relation to this area of quality improvement and it was concerning to note that this was the third time this matter had been raised. These matters were raised with the registered person during the meeting at RQIA offices on 10 October 2016. This requirement will be restated for the third time.	

<p>Requirement 2</p> <p>Ref: Regulation 23 (1) (5)</p> <p>Stated: First time</p>	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(5)The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Action taken as confirmed during the inspection: The inspector noted the agency had commenced using the template provided by RQIA for monitoring reports but reports were not available for June or July (2016) and it was unclear if the other report examined was for April or May (2016). There was a report available for August (2016). This requirement is restated.</p>	<p>Not Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 8.17</p> <p>Stated: Second time</p>	<p>The registered person and the registered manager undertake training to ensure they are up to date in all relevant to the management and provision of services, and records of such training are maintained as necessary for inspection.</p> <p>Action taken as confirmed during the inspection: The inspector noted the competency assessments were not available for staff who may take charge when the manager is on leave. At the meeting at RQIA offices on 10 October 2016 the registered manager stated that she was confident that all training including competency assessments would be completed by 14 October 2016. The registered manager also provided assurances that staff who had not undertaken all mandatory training by this date would not be supplied to work with service users.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 13.3</p> <p>Stated: Second time</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector viewed a sample of supervision records which indicated staff had received supervision in accordance with the agency's supervision policy.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.21</p> <p>Stated: Second time</p>	<p>The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • All necessary pre-employment checks are carried out. • Criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level, is sought from Access NI. <hr/> <p>Action taken as confirmed during the inspection: The inspector viewed evidence in six files that criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level, is sought from Access NI. However it was evident one file did not contain evidence of a health check. The agency requires employees to self-declare in respect of their health status and the inspector noted on two files when declarations had been made follow up investigation was not recorded. This recommendation is restated.</p>	<p>Partially Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector viewed the annual report for 2016 and whilst it did reflect the views of service users it did not involve other key stakeholders in the process. This recommendation is restated.</p>	<p>Partially Met</p>

Recommendation 5 Ref: Standard 9.1 Stated: First time	Policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements. Action taken as confirmed during the inspection: Policies and procedures were in accordance with statutory requirements and have been updated and are available for all staff.	Met
Recommendation 6 Ref: Standard 12.3 Stated: First time.	Mandatory training requirements are met. Action taken as confirmed during the inspection: At the meeting at RQIA offices on 10 October 2016 the registered manager stated that she has issued a letter to all staff who require to complete training and informed them that if this training is not completed by 14 October 2016 they would not be able to work. She also provided evidence that a significant amount of mandatory training had occurred since the inspection date and RQIA panel members were satisfied that the training issues raised were actioned appropriately.	Partially Met

4.2 Is care safe?

The UCO was advised by the majority of the relatives interviewed that there were no concerns regarding the safety of care being provided by Homecare and Nursing Services Ltd or the carers' training. One issue was raised with the UCO in relation to the safe use of wheelchairs which was discussed with the registered manager, and the inspector was satisfied that following intervention from the HSC Trust the matter was resolved. A HSC Trust professional was contacted by the inspector and commented:

- "In general I am happy that they are providing safe, effective and compassionate care."

This professional had completed a quality monitoring report following an incident which had not been reported appropriately. This matter is discussed fully in section 4.5 of this report.

New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care. All of the relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns.

Examples of some of the comments made by relatives are listed below:

- "Having the same carers is great. XXX likes familiar faces."
- "They have become like part of the family."
- "Made such a difference to our lives."
- "They're on the ball with any issues."

The inspector reviewed six staff personnel records. Four of these files only had one reference and two of these were not from the most recent employer. In addition, one file did not contain evidence of a health check. The agency requires employees to self-declare in respect of their health status and the inspector noted on two files when declarations had been made follow up investigation was not recorded.

These matters have already been highlighted to the agency (at inspections on 4 March 2015 and 3 March 2016) and the necessary improvements have not been made. Therefore, on three consecutive occasions these issues have been identified at RQIA inspections despite the agency providing written assurances that the matters had been addressed. On the day of inspection the manager acknowledged that while the agency had put in place a recruitment checklist there continues to be some elements missing from some employee records. It is therefore not possible to determine whether there are appropriate arrangements in place to ensure that the conduct of the agency and the services provided to individuals meet the regulations and minimum standards. At the meeting held at RQIA offices on 10 October 2016, the registered person and the registered manager provided an account of the actions taken and the arrangements made, and will continue to make to ensure the improvements necessary to achieve full compliance with the required regulation.

RQIA considered the information provided at the meeting of 10 October 2016 and decided to serve a failure to comply notice in regard to Regulation 13 (a) (b) (c) (d).

The inspector viewed induction records and noted in correspondence sent to prospective employees that induction would take two hours. At the meeting on 10 October 2016 assurances were given that the induction provided to staff was over at least a three day period; however, it was acknowledged by the registered person that the records of induction did not support this. A requirement is made in respect of this.

Areas for improvement

Two areas for quality improvement were identified regarding:

- Ensuring that full and satisfactory information is available in respect of the matters specified Regulation 13 (a) (b) (c) (d) and Schedule 3
- The induction programme is appropriately structured and lasts a minimum of three full working days

Number of requirements:	2	Number of recommendations:	1
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4.3 Is care effective?

The UCO was informed by the majority of the relatives interviewed that there were no concerns regarding the carers' timekeeping. The relatives interviewed also advised that they had not experienced any missed calls from the agency or that care has been rushed.

Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required. One issue regarding communication was raised with the UCO and discussed with the registered manager. The relatives advised that home visits from senior agency staff have taken place and they have received questionnaires from the agency to obtain their views on the service. They also confirmed that they are involved in trust reviews regarding the care package.

Examples of some of the comments made by relatives are listed below:

- "Very pleased with them."
- "No concerns whatsoever."
- "Went beyond their duty."

Online training records maintained by the agency were shown to the inspector. It was clear that there were significant gaps in training for several staff. This matter had been identified at the previous inspections of 4 March 2015 and 3 March 2016 and recommendations made to address deficits in training for the manager, registered person and staff. On 29 September 2016 the inspector noted the competency assessments for staff who may take charge when the manager is on leave were not available. In addition, deficits were noted in mandatory training for staff working at all levels within the agency.

The absence of adequate assurances that agency staff have received appropriate training has the potential to significantly impact on the safety and welfare of service users.

In light of these concerns and in accordance with RQIA's Enforcement Policy and Procedures, a meeting was held at RQIA offices on 10 October 2016 to discuss these matters and the associated breaches in regulations.

At this meeting, the registered person and the registered manager provided a full account of the actions they have taken and the arrangements made and will continue to make to ensure the improvements necessary to achieve full compliance with the required regulation.

The agency's annual report was viewed by the inspector and whilst it did reflect the views of service users it did not demonstrate consultation with other key stakeholders and a recommendation is restated.

Areas for improvement

One area for improvement in respect of ensuring key stakeholders are involved in the annual quality of services evaluation has been identified.

Areas for improvement relating to staff training were identified during the inspection and at the meeting on 10 October 2016 it was considered these issues have been appropriately actioned.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care compassionate?

All of the relatives interviewed by the UCO felt that care was compassionate. The relatives advised that carers treat the service user with dignity and respect, and care has not been rushed.

Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by Homecare and Nursing Services Ltd. Examples of some of the comments made by relatives are listed below:

- "XXX is comfortable with them."
- "All very nice."

- "Very nice girls."

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff also confirmed that service users' views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users' particular needs.

The inspector confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed by the inspector no staff practice issues were identified for improvement; records detailed observation of manual handling equipment usage along with a variety of other tasks. Service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is the service well led?

All of the relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. Two relatives advised that complaints had been made to the agency and that they were satisfied with the outcome. No concerns regarding the management of the agency were raised during the interviews.

Homecare and Nursing Services Ltd have supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary.

The inspector reviewed a HSC Trust quality monitoring report relating to an incident reported by a relative to the UCO. It concerned an event in a service user's home which had not been reported to the HSC Trust. The care staff involved did report the matter to senior staff but no further investigation was undertaken. The inspector was concerned that care staff did not observe an obvious injury despite visiting the home four times daily and that appropriate arrangements for reporting notifiable incidents were not adhered to. Following the incident senior staff had not provided extra supervision or training for the staff involved.

Recommendations have been made in respect of this matter.

The inspector reviewed the monthly quality monitoring reports from April to August 2016. Reports were not available for June or July 2016. It was unclear if one report was for April or May 2016. Completed reports lacked detail and action plans. A requirement had been made following the inspection in March 2016 to address this matter; this requirement will be restated. Subsequent to the inspection the registered manager sent a completed monthly monitoring

report to RQIA and this was found to be suitably detailed. The registered person agreed to continue to submit monthly monitoring reports to RQIA.

Areas for improvement

Three areas for improvement were identified during the inspection:

- The registered person is required to provide monthly monitoring reports for inspection which evaluate the quality of the services which the agency arranges to be provided.
- The agency should report any changes in the service user's situation and issues relevant to the health and well-being of the service user to the referring HSC Trust and keep a record of such reports.
- The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.

Number of requirements:	1	Number of recommendations:	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jennifer Dodds, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the domiciliary care agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1 Ref: Regulation 13 (a) (b) (c) (d) Schedule 3 Stated: Third time To be completed by: 12 December 2016</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Response by registered provider detailing the actions taken: All care workers files old/new have been audited. All informaion on file is now up to date and within regulation.</p> <p>There is a new proforma that is now completed by 2 managers before a care worker starts and is audited by our monitoring officer.</p>
<p>Requirement 2 Ref: Regulation 23 (1) (5) Stated: Second time To be completed by: 12 December 2016</p>	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(5)The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Response by registered provider detailing the actions taken: We have now employed a Quality Monitoring Officer who now completed our monitoring form, which is sent to RQIA monthly, three have been sent and satisfactory with RQIA.</p>
<p>Requirement 3 Ref: Regulation 16 (5) (a)</p>	<p>The registered person shall ensure that (a) a new domiciliary care worker is provided with appropriately structured induction training lasting a minimum of three full working days.</p> <p>Response by registered provider detailing the actions taken:</p>

<p>Stated: First time To be completed by: 12 December 2016</p>	<p>Our induction programme included shadowing at least 18 hrs, intense office based induction, Manual handling training. This has been redesigned that there are 3 full days.</p>
<p>Recommendations</p>	
<p>Recommendation 1 Ref: Standard 8.12</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p>
<p>Stated: Second time 12 December 2016</p>	<p>Response by registered provider detailing the actions taken: Our annual report is due to be completed in April 2017, this will include stakeholders views.</p>
<p>Recommendation 2 Ref: Standard 5.4</p>	<p>The agency reports any changes in the service user's situation and issues relevant to the health and wellbeing of the service user to the referring HSC Trust and keeps a record of such reports.</p>
<p>Stated: First time To be completed by: Immediate and ongoing</p>	<p>Response by registered provider detailing the actions taken: All incidents are now reported and to HSC Trust and documented on file.</p>
<p>Recommendation 3 Ref: Standard 12.4</p>	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p>
<p>Stated: First time To be completed by: 12 December 2016</p>	<p>Response by registered provider detailing the actions taken: All mandatory training is completed prior to starting work. training is audited by two office staff monthly.</p>
<p>Recommendation 4 Ref: Standard 8.21</p>	<p>The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • All necessary pre-employment checks are carried out.
<p>Stated: Third time To be completed by: 12 December 2016</p>	<p>Response by registered provider detailing the actions taken: All new members of staff have all relevant pre-employment checks, these are carried out before employment starts.</p>



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