

Unannounced Care Inspection Report 15 January 2018



Homecare and Nursing Services Ltd

Type of Service: Domiciliary Care Agency

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Tel No: 02891889100

Inspector: Aveen Donnelly

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Homecare and Nursing Services Ltd is a domiciliary care agency based in Donaghadee which provides a range of personal care, social support and sitting services to 100 people living in their own homes. Their services are commissioned by the South Eastern Health and Social Care Trust.

3.0 Service details

Organisation/Registered Provider: Homecare and Nursing Services Ltd/Helen Mary Kane	Registered Manager: Jennifer Dodds
Person in charge at the time of inspection: Jennifer Dodds	Date manager registered: 05 March 2009

4.0 Inspection summary

An unannounced inspection took place on 15 January 2018 from 10.00 to 15.45 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. Care records were generally well maintained. Communication between service users, agency staff and other key stakeholders was well maintained. The culture and ethos of care in the agency, promoted treating service users with dignity and respect, where service users and their representatives were listened to and valued. There were good governance and management arrangements in relation to the day to day operations of the service.

Areas requiring improvement were identified in relation to record keeping practice and the annual quality review process.

Service users and relatives spoken with by the User Consultation Officer (UCO), provided feedback regarding the service provided by Homecare and Nursing Services Ltd in regards to safe, effective, compassionate and well led care. Some examples of good practice were highlighted and complimented and have been detailed within the body of this report. The staff members spoken with during inspection provided valuable feedback in terms of their work within the agency.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

The total number of areas for improvement made under the minimum standards includes one which has been stated for the third time.

Details of the Quality Improvement Plan (QIP) 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 did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 14 February 2017

The most recent care inspection was an unannounced care inspection undertaken on 14 February 2017. The inspection sought to examine the agency's recruitment arrangements in light of concerning information received by RQIA. No further actions were required to be taken following this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection reports
- record of notifiable events for 2016/2017

During the inspection the inspector spoke with registered manager, and three care staff.

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and four relatives, by telephone, on 19 January 2018 to obtain their views of the service. The service users interviewed had received assistance with the following:

- management of medication
- personal care
- meals
- sitting service

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff feedback was returned.

The following records were examined during the inspection:

- three staff recruitment records
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- records relating to adult safeguarding

- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three service user records regarding review, assessment, care planning and quality monitoring
- daily logs returned from the service users' homes
- a range of communications to trust professionals/keyworkers regarding changes to service users' needs
- RQIA registration certificate
- a selection of governance audits
- a selection of policies and procedures
- complaints and compliments records
- service user guide/agreements
- statement of purpose
- annual quality report
- monthly quality monitoring reports.

The findings of the inspection were provided to Jennifer Dodds, registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 September 2016

The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection date 29 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (a) (b) (c) (d) Schedule 3	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.	Met

<p>Stated: Third time</p>	<p>Action taken as confirmed during the inspection: A review of the recruitment records confirmed that two references had been sought and received prior to staff commencing employment. Audits of pre-employment records were also maintained.</p> <p>Further information in relation to the recruitment processes is detailed in section 6.4.</p>	
<p>Area for improvement 2 Ref: Regulation 23 (1) (5) Stated: Second 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 review of the quality monitoring reports evidenced regular consultation with service users and their representatives. However, monitoring visits had not been undertaken for November or December (2017). In discussion, the registered manager explained that this was due to unforeseen circumstances; that this had since been rectified and that the registered manager had completed the monitoring report for January 2018. Refer to section 6.7 for further detail.</p>	<p>Met</p>
<p>Area for improvement 3 Ref: Regulation 16 (5) (a) Stated: First time</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>Action taken as confirmed during the inspection: A review of three recruitment records confirmed that the induction process had lasted more than three days.</p>	<p>Met</p>

Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.12 Stated: Second time	<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>	Partially Met
	<p>Action taken as confirmed during the inspection: A review of the annual quality report for 2017 confirmed that although the report contained commissioners' feedback, it did not include any feedback from staff and did not contain a summary report of the views obtained. Further detail is discussed in section 6.7.</p> <p>This area for improvement has been stated for the third time.</p>	
Area for improvement 2 Ref: Standard 5.4 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and a review of the records confirmed that there had been no incidents reported, from the last care inspection. The registered manager was knowledgeable in relation to her role and responsibilities in relation to reporting incidents to the relevant Health and Social Care (HSC) Trust. There was also evidence of regular communication with the HSC Trust in relation to other matters, for example, requesting changes in the service users' care plans, as required.</p>	

Area for improvement 3 Ref: Standard 12.4 Stated: First time	The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.	Met
	Action taken as confirmed during the inspection: Staff training records viewed for 2016/2017 confirmed that all care workers had completed the required mandatory update training programme. Discussion with staff also confirmed that any identified training need could be requested from the management team.	
Area for improvement 4 Ref: Standard 8.21 Stated: Third time	The registered person has arrangements in place to ensure that: <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out 	Met
	Action taken as confirmed during the inspection: All records contained evidence of health checks and where staff had declared any issues in relation their health status, there was evidence that this had been explored at interview.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Homecare and Nursing Services. 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.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling and management of medication. All of the service users and 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 service users or their relatives are listed below:

- “No complaints at all.”
- “Happy with the care.”
- “It is reassuring that they contact me if anything is wrong.”

Three recruitment records were reviewed, relating to recently appointed staff, which confirmed that all the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. Although there was evidence that criminal checks had been completed with Access NI in all the records reviewed, one criminal records check had recently been completed by another agency and not specifically for Homecare and Nursing Services Agency. The registered manager provided assurances that this would be addressed and was confirmed to RQIA, by email on 29 January 2018, that the criminal check had been received in relation to the identified staff member.

A review of the recruitment policy identified that it required to be further developed. This was discussed with the registered manager and following the inspection a revised recruitment policy was submitted to RQIA, by email on 29 January 2018. The inspector was satisfied that the revised policy was in keeping with the relevant regulation and standards.

An induction programme had been completed with each staff member. A review of the induction records supported an induction process lasting more than three days as required. Staff spoken with during the inspection also confirmed that new staff received a comprehensive induction programme. However, a review of the induction policy identified that it required further development. The registered manager submitted a revised induction policy to RQIA, by email on 29 January 2018. The inspector was satisfied that the revised policy reflected the programme of induction provided.

Arrangements were in place to ensure that staff were registered as appropriate with the relevant regulatory body. The majority of staff were registered with NISCC. Documentation in place indicated that the remaining staff had submitted their applications and were awaiting their registration certificates. The registered manager discussed the system introduced to identify when staff were due to renew their registrations.

The staff spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected abuse and described their role in relation to reporting poor practice.

A review of safeguarding documentation confirmed that any actual or potential concerns were managed appropriately in accordance with the regional safeguarding protocols. However, the agency's policies and procedures in relation to adult safeguarding required to be reviewed in keeping with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. Following the inspection, the registered manager forwarded the updated policy to RQIA, by email on 29 January 2018. The registered manager confirmed that they were the agency's Adult Safeguarding Champion (ASC). During the inspection, the registered manager made arrangements to attend specific training in relation to the ASC role to enhance her own knowledge and awareness of the responsibilities of this role. This will be followed up at a future inspection.

Staff training records viewed for 2016/2017 confirmed all care workers had completed the required mandatory update training programme. Records reviewed and staff feedback indicated that staff had attended a range of training necessary to meet the needs of their service users. One staff member spoken with stated that they would benefit from specific training in dementia awareness. This was relayed to the registered manager during the inspection who stated that plans were in place to provide this training.

There were systems in place to monitor support worker performance and to ensure that they received support and guidance. This included regular feedback through direct observation of their care practice, quality monitoring audits and completion of annual appraisals. An on call system also ensured that staff could avail of management support 24 hours a day. All those consulted with stated that the on-call service was very good and that they always received appropriate support.

Assessments of needs and risk assessments reviewed reflected the views of service users and their representatives; and informed the care and support planning process. The review of the records confirmed that the agency worked collaboratively with professionals to maximise independence of service users and manage potential risk.

The agency’s registered premises include an office space and staff facilities which are suitable for the operation of the agency, as outlined in the statement of purpose. Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development. Adult safeguarding had been appropriately managed and ongoing review of service user’s care and support was evident.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers’ timekeeping or that care had been rushed. Two relatives advised that there had been a small number of missed calls; however it was acknowledged that it was due to extreme weather and they had been notified by the agency. Service users were usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Homecare and Nursing Services Ltd were raised with the UCO. The service users and relatives

advised that they received home visits and phone calls from the management team, to obtain their views on the service. One relative confirmed that they had received a questionnaire from the agency.

Examples of some of the comments made by service users or their relatives are listed below:

- “Don’t have any concerns.”
- “Nothing negative to say.”
- “No issues at all.”
- “Invaluable to us.”

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments.

The care plans and risk assessments contained information and evidenced that service users’ and/or relatives’ views had been obtained and where possible, incorporated.

A sample of four service user’ files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user’ needs were being met along with regular contacts by phone or during quality monitoring visits.

Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in care plans being amended.

Staff members spoken with indicated that they believed they were generally provided with details of the care planned for each new service user or with changes to existing service users’ care plans.

The inspector reviewed a sample of completed daily log records returned from service users’ homes. Although the registered manager discussed how the daily logs were reviewed on return to the office, there was no formal auditing process to identify any recording practice issues. For example, there was evidence of records not being consistently dated and the timing of calls were also not consistently entered on the daily log record. The registered manager was advised that the agency’s record keeping procedure should be further developed, to include the auditing of returned daily log records and the actions required to be taken where poor practice was identified. This has been identified as an area for improvement under the minimum standards.

Staff members spoken with on the day of the inspection demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user’s home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews and communication between service users and agency staff.

Areas for improvement

The registered manager should review their 'record keeping' procedure to include the auditing of returned records and actions to be taken where poor practice is identified in line with minimum standards.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treated them with dignity and respect, and that the care had not been rushed. Service users, as far as possible, were given their choice in regards to meals and personal care.

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

- "XXX likes the girls."
- "Consistency is great. Have got to know them."
- "Have no problems with any of them."

The agency carried out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users' needs.

Observation of staff practice carried out within service users' homes on a regular basis was confirmed during inspection through records viewed in the agency office. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits and this was confirmed by the registered manager.

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The agency's compliments records were viewed; these contained positive feedback from service users' relatives. Compliments reviewed during inspection provided the following example in support of compassionate care:

- 'Thank all the girls who looked after (my relative). The staff always treated him with care and respect and he always enjoyed the wee chat with them. Without the help of you all, it would have been impossible for us to look after him at home as he wished.'

- ‘We cannot express enough the professionalism and compassion shown by the staff at all times and for that we are extremely grateful.’

During the inspection, the inspector met with three staff members who indicated that they were generally happy with the care and support provided by the agency. Some comments received are detailed below:

- “I am quite proud of saying I work here, we have a reputation for good quality care.”
- “We provide quality care and take pride in our work.”
- “It is good.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

All of the service users and relatives interviewed confirmed that they were aware of whom they should contact if they had any concerns regarding the service. No complaints had been made regarding the service or management of the agency.

The organisational and management structure of the agency were outlined in the Statement of Purpose; it details lines of accountability. Discussion with the registered manager and one care worker interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency had a range of policies and procedures which were retained both in electronic and hard copy formats. With the exception of a small number of policies, as described in section 6.4, all other policies viewed by the inspector were noted to have been reviewed and updated in line with the domiciliary care agency minimum standards.

The agency maintained and implemented a policy relating to the management of complaints. It was noted that the complaints policy included contact details for the ombudsman and also details of independent advocacy services. A review of the agency’s complaints record evidenced that all complaints had been managed appropriately. It was noted that a new format had been implemented from the last care inspection, which provided more detail in relation to

any investigation required and the outcome of same. A review of records confirmed that appropriate measures had been taken with staff where performance issues had been reported.

All those consulted with were confident that staff/management would appropriately manage any concern raised by them. The complaints procedure was up to date and included in the service users' agreements.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately.

Staff records contained evidence of annual appraisals having taken place. Discussion with the registered manager and staff confirmed that appraisals were scheduled to take place in the week following the inspection.

As discussed in section 6.2, the monthly monitoring visits had not been undertaken for November or December (2017). In discussion, the registered manager explained that this was due to unforeseen circumstances; that this had since been rectified and that the registered manager had completed the monitoring report for January 2018. The registered manager was advised that the monthly quality monitoring visit should be undertaken by the responsible person or someone delegated by them to undertake this role. Assurances were provided that the person delegated with the responsibility for undertaking the quality monitoring visits was due to recommence regular visits. This will be monitored during future inspections.

The annual quality review report for 2017 viewed had been completed with details of service user/relative feedback recorded. Although the report contained commissioners' feedback, it did not include any feedback from staff and did not contain a summary report of the views obtained. This area for improvement, previously made under the minimum standards, has been stated for the third time. The registered provider/manager should note that continued noncompliance with this area for improvement may lead to enforcement action being taken. Refer to section 6.2 for further detail.

The staff members consulted with indicated that the registered manager and management team were supportive. Comments included 'they are very approachable' and 'if we had a problem, they would come straight out to the homes'.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with key stakeholders.

Areas for improvement

No new areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 8.2</p> <p>Stated: Third and final time</p> <p>To be completed by: 12 March 2018</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>The annual quality report should be submitted to RQIA, when complete.</p> <p>Ref: Section 6.2 and 6.7</p>
	<p>Response by registered person detailing the actions taken: Annual report will now include all stakeholders (Staff, Clients, Relatives and Care Management) A copy of the the report will be sent to RQIA as soon as it is ready.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2018</p>	<p>The registered person shall review their recording procedure to ensure working practices are systematically audited and action is taken when necessary.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: An audit process has been implemented on daily attendance sheets. When these are brought into office, they are checked for: correct completion, times, jobs completed. Issues found are addressed to staff and followed up at staff assessment and further audits.</p>

Please ensure this document is completed in full and returned via Web Portal



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