

Inspection Report

17 January 2022



Homecare and Nursing Services Ltd

Type of service: Domiciliary Care Agency
Address: The Ballyhay Centre, 277a Killaughey Road, Donaghadee,
BT21 0ND
Telephone number: 028 9188 9100

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Homecare and Nursing Services Ltd	Registered Manager: Mrs Jennifer Dodds
Responsible Individual: Mrs Helen Mary Kane	Date registered: 5 March 2009
Person in charge at the time of inspection: Mrs Jennifer Dodds	
Brief description of the accommodation/how the service operates: 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 73 people living in their own homes. Their services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 17 January 2022 year between 9.10 a.m. and 12.10 p.m. by the care inspector.

This inspection focused on recruitment of staff, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, Deprivation of Liberty Safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to the governance and oversight of the service, staff training, recruitment and appropriate pre-employment checks being undertaken before staff were supplied to service user's homes.

Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- Contacting the service users, HSCT representatives and staff to obtain their views of the service.
- Reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives and an electronic survey to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with four service users, two relatives and two staff. No feedback was received from HSCT professionals.

Four staff responded to the electronic survey. The respondents were either 'very satisfied' or 'satisfied that the care being delivered was safe, effective and compassionate. The four respondents were "neither satisfied nor dissatisfied" that the service was well-led. Two comments were received and were discussed with the manager. The manager provided assurances that the issues raised will be discussed at the next team meeting.

Comments received during inspection process-

Service users' comments:

- "I am very happy with the care being provided."
- "Carers wear full PPE at all times."
- "There have been no missed calls. I always get a call if the carers are running late, however they mostly arrive on time."
- "Carers are always friendly and respectful and promote my dignity and independence."
- "I find the carers easier to talk to than my own family."
- "There have been a few missed calls but this was due to miscommunication. This was sorted in a timely manner."
- "I am not aware of complaints procedure but I don't think I'll ever need it."

Relatives' comments:

- "I have no issues with the care being provided."
- "I am not aware of the complaints procedure but I know I can easily find it if necessary."
- "My relative had previously complained and it was dealt with promptly."
- "My relative is very happy with the service but I feel that more time could be allocated to her."

Staffs' comments:

- "I feel supported by my manager."
- "Someone is always available if I have any concerns."
- "I definitely have enough time for my calls. If I am running late, the office contacts the service user and lets them know."
- "I am aware of the whistleblowing policy and how to report poor practice."
- "Every job can't be perfect. I have nothing to raise. I am not unhappy, if I was, I would change my job."
- "I am happy with the training provided. I do regular training and it is up to date."

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection of the agency was undertaken on 19 November 2020 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 19 November 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 13(d) Schedule 3 Stated: First 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 in Schedule 3.	Met
	This relates to references and reasons for leaving care positions being obtained.	
	Action taken as confirmed during the inspection: Three staff recruitment files were reviewed and it was noted that they were compliant with Regulation 13.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The manager stated that there were no service users who were subject to DoLS. Advice was given in relation to considering DoLS at each service users' care review and in relation new service users; however it was positive to note that all staff had completed DoLS training. Staff spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Discussions with the manager, staff and the review of service user care records reflected the multi-disciplinary team input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that staff had completed training in relation to dysphagia and had made referrals to the multi-disciplinary team; these interventions were noted to be proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements. We noted some of the comments received during the monthly quality monitoring visits:

Service users:

- "They do the tasks brilliantly. They wash and cream my legs. That's what they come to do."
- "Happy overall."
- "Very happy with the service."
- "Very very happy. Very nice girls."

Service users' representatives:

- "They have all their gear on."
- "The staff are excellent. They have a great rapport with my relative. She loves to see them coming."
- "They are so good at their jobs. My relative loves the banter. We are so happy."

Staff:

- "I feel supported."
- "I got full training and induction."
- "Everyone is really great."
- "Shadowing was really good. The girls explained what they were doing."

HSCT representatives:

- "A new package of care was turned down as no staff to fulfil it however at least you're still holding your own."

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that three complaints had been received since the last inspection. All complaints were managed in accordance with the agency's policy and procedures to the satisfaction of the complainants.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified in relation to the monthly quality monitoring reports. Despite this, RQIA were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Jennifer Dodds, Registered Manager, as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	0	0



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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