

# Unannounced Care Inspection Report 26 April 2018



## Homecare and Nursing Services Ltd

**Type of Service: Domiciliary Care Agency**  
**Address: The Ballyhay Centre, 277a Killaughey Road,  
Donaghadee, BT21 0ND**  
**Tel No: 02891889100**  
**Inspector: Michele Kelly**

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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 86 people living in their own homes. Their services are commissioned by the South Eastern Health and Social Care Trust.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 26 April 2018 from 10.00 to 14.00 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.

#### Evidence of good practice was found in relation to;

- staff recruitment
- communication between service users and agency staff and other key stakeholders
- monthly monitoring reports

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
<b>Total number of areas for improvement</b>	0	0

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

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 15 January 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 January 2018.

## 5.0 How we inspect

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

- records of complaints
- records of notifiable incidents
- correspondence with RQIA

During the inspection the inspector met with the manager, two co-ordinators and two care staff. The inspector also spoke on the telephone to a Health and Social Care Trust (HSCT) professional.

As part of the inspection the User Consultation Officer (UCO) spoke with four service users and six relatives, either in their own home or by telephone, on 26 and 27 April 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- management of medication
- personal care
- meals

The UCO also reviewed the agency's documentation relating to four service users.

The following records were examined during the inspection:

- a range of care and support plans
- Health and Social Care Trust assessments of needs and risk
- care review records
- recording/evaluation of care used by the agency
- monthly monitoring reports
- staff meeting minutes
- staff training records
- records relating to staff supervision
- complaints records
- incident records
- records relating to safeguarding of adults at risk
- induction records
- staff rota information
- recruitment policy
- supervision policy
- induction policy

- safeguarding adults at risk of harm policy
- annual quality report

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 15 January 2018**

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 15 January 2018**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> Third time	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.  <b>The annual quality report should be submitted to RQIA, when complete.</b>  <b>Ref: Section 6.2 and 6.7</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The annual report was submitted to RQIA and evidenced that 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.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 8.10 <b>Stated:</b> First time	The registered person shall review their recording procedure to ensure working practices are systematically audited and action is taken when necessary.  <b>Ref: Section 6.5</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed evidence of an audit process which demonstrated that records were systematically audited and actions taken to address issues arising.	

### 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.**

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Three records sampled confirmed staff pre-employment details have been completed in line with regulations and standards.

The manager confirmed an induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Review of staff files supported an induction process lasting more than three days and compliant with Regulation 16 (5) (a).

A recently recruited staff member confirmed that induction was robust and included mandatory training. Records reviewed evidenced staff members' registration with NISCC and the manager described the system in place to review staff renewal of registration. Staff members described their recruitment and induction training processes in line with those found within the agency procedures and records.

The agency's policies and procedures in relation to safeguarding adults were reviewed. The agency has implemented the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

Staff spoken with during inspection also presented an understanding of their role in safeguarding and whistleblowing.

Records reviewed evidenced staff mandatory training, quality monitoring, supervision and appraisal had been provided in line with their policy and procedures. The inspector noted that regular quality monitoring in service users' homes is also undertaken by the agency. Staff training records viewed for 2017/2018 confirmed all care workers had completed the required mandatory update training programme.

Discussions with staff indicated that the agency endeavours to ensure that there are at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users.

Staff described how they support service users to be involved in the development and review of their care plans. Staff stated that they record details of the care provided to service users at each visit. Records reviewed confirmed staff are recording appropriately and that the principles of good record keeping is reinforced at supervision and during staff meetings. The agency also audits returned daily log records to ensure accuracy and consistency with care plans.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose. Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. The review of records during the inspection confirmed that the agency worked collaboratively with professionals to manage potential risks.

Subsequent to the inspection RQIA received a complaint from a relative outlining the potential risk a service user may have been exposed to while receiving care from this agency. The inspector contacted the manager and was satisfied with actions taken by the agency following receipt of this information. The inspector advised the complainant how concerns could be raised formally if the matter was not resolved to their satisfaction.

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Homecare and Nursing Services. A number of concerns were raised by one service user and one relative. These matters were discussed with the manager who provided an appropriate and thorough response to RQIA following her investigation of these matters. New carers are usually 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 of care given included manual handling, use of equipment 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:

- "Can't say anything bad against the carers."
- "Have developed a good relationship with the carers."

- “Without the carers we wouldn’t be able to keep XXX at home.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, supervision, appraisal and training.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is outlined in the Statement of Purpose 2018) and Service User Guide (2018).

The inspector reviewed four service users’ care and support plans. The inspector was informed that care and support plans are reviewed by the agency at least annually. The manager informed the inspector that multi-disciplinary reviews with the HSC Trust are usually scheduled on a yearly basis or sooner if needed. The inspector examined documentation for both processes and the records were satisfactory.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff indicated that service users or their relatives: have a genuine influence on the content of their care plans.

Review of team meeting records indicated that team meetings took place regularly, the manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the team is supportive to each other and that staff communication is good.

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers’ timekeeping or that care has been rushed. One relative advised that they had experienced a number of missed calls recently from the agency; the matter was discussed with the manager who responded to the matter appropriately. Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers have been made aware of the care required.



No issues regarding communication between the service users, relatives and staff from Homecare and Nursing Services Ltd were raised with the UCO. The majority of the service users and relatives advised that home visits have taken place to obtain their views on the service or that they have received a questionnaire from the agency. Did they receive the report outcome?

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

- “Couldn’t do without them.”
- “No issues at all.”
- “Never had to complain.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to four service users and no concerns were noted.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between service users, agency staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**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.**

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

There are processes in place to promote effective engagement with service users they include the agency’s monthly quality monitoring process; compliments and complaints process; care review meetings, annual survey and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

Compliments from relatives reviewed during inspection provided the following information in support of compassionate care:

- “All of the staff treated XXXX with care and respect.”
- “Without the help of you all it would not have been possible to look after XXXX at home.”

- “We cannot express enough the professionalism and compassion shown by your staff.”

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect.

Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

**Staff comments included:**

- “Our girls go the extra mile.”
- “Without doubt the service is compassionate.”
- “Service users are treated with dignity and respect.”

The majority of the service users and relatives interviewed by the UCO felt that care was compassionate, and that the carers treat them with dignity and respect. Some concerns were raised by one service user and one relative which were discussed with the manager. Service users, as far as possible, are given their choice in regards to meals and personal care.

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

- “Know XXX inside out.”
- “Some are brilliant but others aren’t very dedicated to the job.”
- “They’re very 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.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The inspector viewed the management arrangements and found there was a clear organisational structure. The registered manager Jennifer Dodds leads a team of staff including care coordinators and care workers.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations.

On the date of inspection the RQIA certificate was displayed appropriately and was reflective of the service provided.

The policy and procedures which were reviewed were discussed with the manager. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures.

The agency retains a record of all complaints or compliments received. The inspector reviewed a complaints record received by the agency since the last inspection. The complaints record sampled indicated that the response from the agency had been appropriate.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives. Staff spoken with demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

#### **Staff comments included:**

- “The manager leads the service well.”
- “We are well supported.”

Discussion with the 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. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body. Records of individual staff member's registration are retained by the agency and monitored by the manager on a monthly basis. Discussions with the manager and records viewed provided assurances that the agency has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The agency has regular team meetings in which opportunities were given to share learning. The minutes of these meetings reflected effective communications within the team.

#### **Professional's comments received during inspection:**

- “I enjoy working with this agency they are very professional.”
- “I agree this agency is safe, compassionate and well-led.”

The inspector reviewed the monthly monitoring reports from January to April 2018. The comprehensive reports evidenced that the quality of service provided is monitored in accordance with minimum standards. Each report contained a summary of staff and service user monitoring, compliments and feedback from all stakeholders including HSCT and evidenced how any issues arising had been managed.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring reports and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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