

Unannounced Care Inspection Report 16 May 2019



Homecare and Nursing Services Ltd

Type of Service: Domiciliary Care Agency

Address: The Ballyhay Centre, 277a Killaughey Road,
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Tel No: 02891889100

Inspector: Michele Kelly

www.rqia.org.uk

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

3.0 Service details

<p>Organisation/Registered Provider: Homecare and Nursing Services Ltd/Helen Mary Kane</p>	<p>Registered Manager: Jennifer Dodds</p>
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Person in charge at the time of inspection: Jennifer Dodds	Date manager registered: 5 March 2009
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4.0 Inspection summary

An unannounced inspection took place on 16 May 2019 from 10.00 to 15.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. Service users should experience the choices and freedoms associated with any person living in their own home.

The inspection sought 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 supervision, training and development and quality monitoring. The care records were well maintained and there was evidence of effective communication with relevant stakeholders. Care and support was provided in an individualised manner. The culture and ethos of the agency promoted treating service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user engagement.

No areas for improvement were identified during this inspection.

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	0

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

The inspector would like to thank the manager, the service user, two relatives and staff for their support and full co-operation throughout the inspection process

4.2 Action/enforcement taken following the most recent care inspection dated 26 April 2018

No further actions were required to be taken following the most recent inspection on 26 April 2018.

5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

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

- discussion with the manager
- examination of records
- consultation with two service users, three staff and two relatives of service users
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

The inspector requested that the manager place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Ten questionnaires were provided for distribution to the service users and their representatives; no responses were received prior to the issuing of this report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the agency's premises.

During the inspection the inspector spoke with three staff members and spoke to two service users, and two relatives via telephone. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 April 2018

No further actions were required to be taken following the most recent inspection on 26 April 2018.

6.2 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 agency's systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed. Discussions with the manager indicated that they had a clear understanding of the recruitment process and the need for robust systems to be in place. The manager stated that staff are not provided for work in the homes of service users until all required checks have been satisfactorily completed. It was identified that the agency retains details of all information relating to individual staff recruitment.

The reports of quality monitoring audits viewed indicated that an audit of staff files, including staff pre-employment checks is completed.

It was identified that the agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC). It was noted that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered.

Discussions with staff and records viewed indicated that the agency's induction programme is in line with the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency. The inspector noted that induction also includes information and discussions around the implications of being a guest in a service user's home.

The inspector discussed a duty call to RQIA received from a relative with the manager and also with the relative on the telephone. The manager agreed to investigate the concerns raised and to inform the inspector of the outcomes. Following the inspection the inspector was advised of actions taken in response to these matters.

It was noted that members of the supervisory team shadow staff on a shift to assess competency. A record of staff supervision and appraisal is maintained. The records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies.

Staff training records viewed for 2018/2019 confirmed most care workers had completed the required mandatory update training programme. The inspector noted gaps in some care workers training records in respect of Safeguarding Adults following the inspection the manager emailed proof of attendance to the inspector. The manager and staff members discussed that the agency are using an online platform for staff to access training modules; the system was new to staff and efforts were being made to ensure all staff were comfortable using the materials.

Discussions with staff indicated that the while 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 this sometimes means staff are required to work extra shifts. The inspector raised this matter with the manager who explained the pressures on staffing levels and ongoing recruitment measures to address the issues.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. 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 outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC).

Discussions with the manager and staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the procedures for reporting adult safeguarding concerns appropriately and in a timely manner. It was noted that staff are required to complete safeguarding training during their induction programme and have annual training updates. The manager stated that they are in the process of developing an adult safeguarding position report for the agency.

Service users and relatives who spoke to the inspector could describe what they would do if they had any concerns in relation to their safety or the care they received.

Discussions with the manager and records viewed relating to adult safeguarding evidenced that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that from the date of the last care inspection there had been no referrals made HSCT in relation to adult safeguarding matters.

The staff spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

Service users and relatives spoken with indicated that they had no concerns regarding the safety of care being provided by the agency. They stated that new care workers are introduced to them; service users valued this in terms of their security and in addition that all staff provided had the required knowledge of the care and support they required. Those consulted with confirmed that they could approach the care workers and office staff if they had any concerns.

Example of comments made by relatives:

- “If XXXX rights were not respected I would say.”
- I know how to raise any concerns.”

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The manager could describe the process for assessing and reviewing risk. Records confirmed that risk assessments and care plans had been completed in conjunction with service users and their representatives. The agency contributes to reviews involving the service users’ HSCT keyworkers if appropriate.

Staff presented as knowledgeable and informed, regarding service users’ needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and views are taken into account. Staff could describe the importance of ensuring service users were encouraged to discuss any concerns they had and the need to balance risk with the choices and human rights of individual service users.

Staff and service users and relatives who spoke to the inspector stated that they felt care was being provided in a safe manner. They could describe how they observe service users, noting any change in dependency, ability or behaviour and quickly taking appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

The agency’s office accommodation is located close to the town of Donaghadee. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection records were stored securely and in a well organised manner.

Staff comments received during inspection process

- “Everyone is entitled to basic human rights.”
- “There is as much continuity of care as possible.”

Areas of good practice

There were good examples found in relation to supervision, training and development.

Areas for improvement

No areas for improvement were identified 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 agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided and make reference to the ethos of care provided to service users.

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.

Service user care records viewed were noted to include referral information received from the relevant HSCT representative; they included risk assessments and care plans. The review of the individual service user care records identified that they were person-centred and retained securely and that they contained a range of assessments completed by the agency such as risk assessments, environmental assessments and a record of the care provided. The service users who spoke to the inspector stated that they were supported to make choices in relation to the care they received and were involved in developing their care plan.

The manager could describe the processes used for supporting service users to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and relatives evidenced that staff communicate appropriately with them. The manager stated that a range of information is provided to service users and their relatives at the initial visit. Care plans included information about people's preferred communication needs if appropriate.

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

- "I wouldn't be able to be at home without them."
- "Overall I am happy with the quality."
- "I need them, they make such a difference."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive awareness training in relation to equality and confidentiality during their induction programme. The manager stated that human rights are discussed as part of the induction. Discussions with staff and records viewed indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The agency has provided information to service users relating to advocacy and adult safeguarding. It was good to note that staff practice is observed regularly as part of the agency’s supervision process.

Staff who spoke to the inspector described how service users can make choices about the care and support they receive and stated that service users can refuse any aspect of their care and that this is respected. However they also discussed the risks that this may present and the process for raising concerns with the manager in relation to any identified risks.

The service users and relatives who spoke to the inspector stated that they have choices and that staff respect their views, wishes and choices.

Service user care records viewed in the agency office were noted to contain information relating to the needs of service users and their individual choices and preferences. Staff could describe how they support service users to make decisions about the care and support they received.

Staff discussed the value of developing rapport with service users, and the need to be mindful of their individual wishes and preferences.

Staff spoken with commented:

- “Our clients are happy.”
- “I leave clients feeling happy and content and they have everything they need.”

The inspector discussed arrangements in place relating to the equity 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 in a safe and effective manner. It was identified that staff had been provided with equality awareness information during their induction programme.

The agency's Statement of Purpose and Service User Guide contains information relating to equality and diversity. The manager and staff could describe how staff development and training equips staff to engage with a diverse range of service users.

Discussions with the service users, relatives, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- individualised risk assessment

From records viewed and discussions it was identified that the agency has a range of methods for recording comments made by service users and/or their representatives. Records of service user feedback forms, feedback from spot checks, care review meetings and reports of quality monitoring visits indicated regular engagement with service users and where appropriate other relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process; quality monitoring visits; care review meetings, and feedback received from customer satisfaction surveys. The inspector noted that the agency's quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

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
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.

The inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by the registered manager, Jennifer Dodds.

Staff could describe the process for obtaining support and guidance at any time including out of hour arrangements.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, feedback forms, review meetings and the satisfaction questionnaires.

Staff who spoke to the inspector confirmed that there had good working relationships with the management team and office administrative staff.

Staff spoken with commented:

- “The manager is approachable and flexible.”

The agency has a range of policies and procedures which are retained in the agency’s office where staff can access them. A number of the organisation’s policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency’s complaints policy outlines the process for managing complaints; discussions with the manager and staff indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. The service users and relatives spoken to could describe the process for raising concerns. This indicated that service users/relatives have access to clear and fair processes for getting their views heard in line with their human rights.

The agency has an online procedure for maintaining a record of complaints received. It was noted from records viewed and discussions with the manager that the agency has three received complaints since the previous inspection. The inspector was satisfied with the agency’s response to these issues. Complaints are audited on a monthly basis as part of the organisation’s quality monitoring system. The agency also retains a record of compliments received. Examples included:

- “I am very grateful for the service and attention.”
- “The staff you select and train come to work in a confident mood, that reassures us the client.”

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of policies and procedures, direct observation/supervision of staff, monthly monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective collaborative working relationships with relevant stakeholders such as HSCT representatives and the HSCT contracts departments.

The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal. The registered person and manager could clearly describe the rationale for regularly reviewing the quality of the services provided.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it clearly details lines of accountability. Staff who spoke to the inspector had a good understanding of the responsibilities of their job roles. It was noted that staff are provided with a job description at the commencement of employment. Staff stated that the manager and senior staff are approachable and supportive.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

The service user 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 with the inspector. A relative commented, "I ring the office if I have any concerns."

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

The organisation has developed a process for completing monthly quality monitoring audits. The inspector viewed the agency's quality monitoring reports of the visits completed by an independent monitoring officer on behalf of the registered person. Records viewed indicated that the process is very effective and that an action plan is developed. The records were noted to include comments made by service users, and where appropriate their representatives.

The reports included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment, complaints and financial management arrangements.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process.

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

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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