

Unannounced Care Inspection Report 29 June 2017



Homecare (Northern Ireland) Ltd Homecare Independent Living

Type of Service: Domiciliary Care Agency
Address: Callan House, 49 Hill Street, Milford, BT60 3NZ
Tel No: 028 3751 1333
Inspector: Jim McBride
Clair McConnell User Consultation Officer (UCO)

www.rqia.org.uk

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

This is a domiciliary care agency that provides personal care services to around 1464 service users in their own homes.

3.0 Service details

Organisation/Registered Provider: Homecare (Northern Ireland) Ltd Homecare Independent Living Mairead Mackle	Registered Manager: Joanne Murray
Person in charge at the time of inspection: Chief Operating Officer	Date manager registered: 10/8/15

4.0 Inspection summary

An unannounced inspection of the agency took place on 29 June 2017 from 09.00 to 13.00.

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. The inspection was also undertaken in response to some information received by RQIA on the 23 June 2017. The information received by RQIA highlighted concerns relating to the agency's recruitment practices.

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

Evidence of good practice was found in relation to:

- Staff training and development
- Complaints recording and assessment
- Care reviews

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

In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was convened on 11 July 2017, at the offices of RQIA, to discuss with the responsible person RQIA's concerns in respect of Regulation 13 (a) and (d) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

During the serious concerns meeting 11 July 2017 the responsible person and other agency representatives provided a full account of the actions and arrangements they have made to ensure the minimum improvements necessary. RQIA has considered the matter and wish to confirm that they were assured that appropriate measures are being taken with immediate

effect to ensure all matters remain in compliance. RQIA were assured that the agency had in place plans to ensure compliance. The agency also produced evidence that the staff member had no contact with service users. No quality improvement plan was deemed necessary on this occasion.

RQIA will continue to monitor the quality of service provided in Homecare (Northern Ireland), Ltd Homecare Independent living.

4.2 Action/enforcement taken following the most recent care inspection dated 28 June 2016

There was no action / enforcement action taken or necessary following the inspection of 28 June 2016.

5.0 How we inspect

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

Prior to inspection the inspector analysed the following records:

- Record of notifiable events for 2015/2016
- Records of all communication received by RQIA

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and five relatives, by telephone, on 10 July 2017 to obtain their views of the service. The service users interviewed have received assistance with personal care.

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

- Discussion with the chief operating officer, Human Resource Manager and Training manager
- Examination of records
- File audits
- Evaluation and feedback

During the inspection the inspector met with the chief operating officer and the human resources manager.

The chief operating officer provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Five questionnaires were returned to RQIA.

The following records were examined during the inspection:

- Ten staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- Staff training records including:
 - Safeguarding
 - Managing client's monies
 - Fire safety
 - Managing challenging behaviour
 - Medication
 - Risk assessments
 - Whistleblowing
- Monthly quality monitoring records
- Service user compliments received from April 2015 to March 2016
- The agency's statement of purpose
- Policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, incident notification, management of missed calls and complaints
- Safeguarding policy
- Record of incidents reportable to RQIA in /2016/2017.

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 28 June 2016

The most recent inspection of the agency was an unannounced care inspection. There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 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 the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by the agency. One relative raised an issue with the UCO which was discussed with the quality monitoring officer. Feedback from the quality manager received 17 July 2017 indicated that the agency has completed their own investigations and have satisfactorily dealt with the concerns raised.

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 use of equipment. All of the service users and relatives interviewed confirmed that they could approach the carers if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Very reliable"
- "Never let me down"
- "Excellent"
- "No complaints."

A range of policies and procedures was 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. Ten staff files were sampled relating to recruitment of care workers which verified that the pre-employment information and documents had been obtained as required for nine care workers.

During the unannounced inspection completed on 29 June 2017 the inspector was presented with the alphabetical list of all staff currently employed. The inspector requested information relating to recruitment records of staff.

The inspector selected ten staff members' records for review. It was noted that within one staff record the staff member had only one reference in place, and it did not appear that a second reference had been followed up. It was also noted that the worker had been supplied to work as a community care coordinator since the 15 May 2017 with only one reference having been received, which appeared not to be from a previous employer.

In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was convened on 11 July 2017, at the offices of RQIA, to discuss with the responsible person RQIA's concerns in respect of Regulation 13 (a) and (d) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

During the serious concerns meeting 11 July 2017 the responsible person and other agency representatives provided a full account of the actions and arrangements they have made to ensure all matters remain in compliance.

The agency representatives also stated that the employee in question was not supplied to work in the homes of service users and was in the process of induction during the inspection and was being shadowed by another experienced staff member. The agency representatives also stated that they were in contact with the employee's previous employer to attempt to secure a reference.

During inspection it was noted that an induction programme had been completed with staff members that incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards and was in line with the regulation and standard.

All of the staff members’ records reviewed confirmed that they were or had applied to be registered with NISCC in line with NISCC timeframes and guidelines. The Chief operating officer confirmed the majority of staff are registered with NISCC, with the remaining staff moving towards registration.

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The ‘Safeguarding’ policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding policy issued in July 2015 (‘Adult Safeguarding Prevention and Protection in Partnership’). The role and responsibilities of the ‘safeguarding champion’ were outlined within the policy.

The agency’s whistleblowing policy and procedure was found to be satisfactory. The agency has had three safeguarding matters reported since the previous inspection; discussion with staff and review of records confirmed they had been investigated and reported to RQIA or other relevant bodies appropriately.

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Discussion during inspection with the training manager confirmed satisfaction with the quality of training offered.

Records reviewed for staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. The inspection confirmed the availability of continuous ongoing update training, alongside supervision and appraisal processes.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Five returned questionnaires from staff indicated:

- They feel that service users are safe and protected from harm.
- There are risk assessments and Care Plans in place for the people who use the service.
- Feel they receive appropriate training for their role.
- They receive supervision and appraisal.

Comments:

“Care plans are updated when needed and communication within the team I very good.”
 “Management are approachable at all times.”
 “Training is excellent and updated annually.”

Areas of good practice

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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 has been rushed. Service users are usually introduced to new carers by a regular carer. One relative interviewed also advised that they had experienced a small number of missed calls from the agency. Feedback from the quality manager received 17 July 2017 indicated that the agency has completed their own investigations and have satisfactorily dealt with the concerns raised.

No issues regarding communication between the service users, relatives and staff from Homecare NI were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place as well as questionnaires from the agency to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place.

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

- "Doing a great job"
- "Couldn't do without them. We're well pleased with the agency"
- "Can't complain about anything."

The agency's arrangements for appropriately assessing the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guides.

The inspector was informed that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessment provided by the HSC Trust multi-disciplinary team. Service users receive a yearly review or more often if required.

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a director of the agency. The quality monitoring system provides an effective standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of staff, relatives and HSC Trust professionals. The inspector noted some of the comments made by relatives, staff and HSC Trust professionals during the monthly quality monitoring.

Staff:

"I'm very happy in my role."

Relatives:

"I'm happy with the service provided"

"Homecare are good at keeping us informed"

"The carers are really good"

"I'm happy with the way the care going into my ***."

HSC Trust Staff:

“A professional company with excellent communication”
 “First class very happy.”

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. It was evident that the agency works effectively to implement appropriate individual communication methods and participate in ongoing re-evaluation to enhance services provided to the service users.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users and relatives, including through routinely speaking with service users and relatives and being available for discussion daily.

Five returned questionnaires from staff indicated that:

- Service users get the right care, at the right time and with the best outcome for them.
- Service users involved in the development of their plan of care.

Comments:

“Call times are always under review and accommodated to service user needs.”

Areas of good practice

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 treat them with dignity and respect, and care has not been rushed. 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, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Homecare NI. Examples of some of the comments made by service users or their relatives are listed below:

- “Really nice girls”
- “We were anxious at the start but they put us at ease”
- “Lovely girls.”

The agency carries 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. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users' homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. Where issues regarding staff practice were highlighted via other intelligence the registered manager had managed the matter appropriately.

Five returned questionnaires from staff indicated that:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- They were satisfied that the people who use the service have their views listened to.
- They were satisfied that improvements are made in line with the views of the people who use the service.
- They were satisfied that the agency provides the people who use the service with information on their rights, including the choices and decisions they can make about the service they receive.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred compassionate care and the effective engagement of service users.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 are aware of whom they should contact if they have any concerns regarding the service. No complaints had been made regarding the service or concerns in regards the management of the agency were raised with the UCO.

The inspector examined management and governance systems in place to meet the needs of service users. The agency is managed on a day to day basis by a registered manager and a range of staff with specific roles and responsibilities.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of

risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA.

The inspector noted positive feedback from the HSC Trust professionals regarding the ability of the agency to work in partnership, and their commitment to learn, develop and implement strategies consistently to ensure the best support are available to service users.

The agency maintains a comprehensive range of policies and procedures which were highlighted during inspection. These policies were in line with the three year timeframe recommended in the domiciliary care agency standards.

The agency maintains and implements a policy relating to complaints. The inspector noted that a number of complaints had been received during the reporting period of 01 April 2016 to 31 March 2017. These were dealt with effectively by the agency and to the satisfaction of the complainant. Review of these records supported appropriate processes in place for complaints review.

There are effective systems of formal and informal staff supervision and consultation, both inside and outside of normal working hours.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and service users. It was evident to the inspector that effective partnership working with HSC Trust professionals has resulted in positive outcomes for service users.

The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC (The Northern Ireland Social Care Council). Documentation in place indicated that the remaining staff have submitted their application and are awaiting their registration certificates.

Five returned questionnaires from staff indicated that:

- The service is managed well.
- They were satisfied that quality monitoring is undertaken regularly for both staff and people who use the service.
- Were satisfied that complaints from the people who use the service are listened to.
- Were satisfied that the current staffing arrangement meets the service user's needs.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management of complaints and incidents.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

The areas for improvement identified during this inspection, did not require a (QIP), as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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