



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Homecare (Northern Ireland) Ltd t/a Homecare Independent Living

Establishment ID No: 10955

Date of Inspection: 12 January 2015

Inspector's Name: Amanda Jackson

Inspection No: IN017365

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of agency:	Homecare (Northern Ireland) Ltd t/a Homecare Independent Living
Address:	Callan House 49 Hill Street Milford BT60 3NZ
Telephone Number:	02837511333
E mail Address:	mmackle@homecareindependentliving.com / mmackle@hcil.com
Registered Organisation / Registered Provider:	Homecare (NI) Ltd/Mrs Mairead Mackle
Registered Manager:	Mrs Mairead Mackle - Registration pending (Application not received)
Person in Charge of the agency at the time of inspection:	Mrs Mairead Mackle
Number of service users:	1800
Date and type of previous inspection:	Primary Announced Inspection 12 August 2013
Date and time of inspection:	Primary Unannounced Inspection 12 January 2015 09.45 to 18.00 hours
Name of inspector:	Amanda Jackson

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	5
Staff	0
Relatives	9
Other Professionals	2

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	35	7

Inspection Focus

The inspection sought to assess issues raised by two trust areas since the previous inspection regarding service quality and procedures in place to review concerns arising. The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Homecare Independent Living is a private provider of a wide range of services in domiciliary care covering all Trust areas in Northern and Southern Ireland. The agency currently provides service to approximately 1800 service users in Northern Ireland. The service is currently provided by 700 staff in Northern Ireland and service provision ranges from services to children to older people and includes a range of disability groups. The overall aim of the agency is to enable people to live independently at home.

Homecare Independent Living had two recommendations made during the agency's previous inspection on 12 August 2013. Review of the recommendations did not take place during the agency inspection due to other matters arising which required review.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Homecare Independent Living was carried out on 12 January 2015 between the hours of 09.45 hours and 18.00 hours. The agency had a number of matters requiring review during this inspection following communications from two trust areas (SHSCT and NHST) regarding consistency and quality of care being provided.

Visits to service users were carried out by the UCO prior to the inspection on 7 and 9 January 2015 and a summary report is contained within this report. Findings following these home visits were discussed with the registered person/registered manager, regional manager and quality manager during the inspection.

The inspector did not have the opportunity to meet with staff members on the day of inspection due to the matters requiring review.

Ten requirements have been made in respect of the outcomes of this inspection.

Review of information and evidence and discussions which took place during inspection caused the inspector concern that a considerable number of areas reviewed fell significantly below the required minimum standards expected. As a result of these concerns a Serious concerns meeting was held with Homecare Independent Living on Tuesday 20 January 2015 to discuss all matters. At this meeting RQIA was presented with an action plan which outlined the immediate action being taken by Homecare Independent Living to bring the agency back into compliance with the minimum standards and domiciliary care agency regulations. This action plan was discussed during the serious concerns meeting at RQIA and assurances provided by Homecare Independent Living senior personnel that all matters were being addressed with immediate effect. RQIA were assured at the close of the meeting that appropriate action was being taken to address all matters.

RQIA confirmed that a follow up inspection would be scheduled approximately three months from the meeting date to review all matters and insure compliance has been achieved.

Staff survey comments

35 staff surveys were issued and 7 received which was a disappointing response.

Staff comments included on the returned surveys were:

“Yes I feel like I have 100% support.”

“Homecare are the best company I have worked for, I feel like I am fully supported by management and I am very happy in my job.”

“I feel we give a high level of care to all our clients.”

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with five service users and nine relatives on 7 and 9 January 2015 to obtain their views of the service being provided by Homecare NI. The service users interviewed live in Magherafelt and surrounding areas; have been using the agency for a period of time ranging from approximately six months to five years and receive assistance with the following at least two days per week:

- Management of medication
- Personal care
- Meals
- Sitting service

The UCO was advised that care is usually provided by consistent carers however issues have arisen recently in this regard. It was also noted that service users are not usually introduced to, or advised of, the name of new carers. It was felt by all of the people interviewed that better consistency would be beneficial as it would allow a relationship to develop between the service user, family and carers.

The majority of the people interviewed confirmed that there were concerns regarding the timekeeping of the agency's staff and they would not usually be contacted by the agency if their carer had been significantly delayed, this would be good practice to do so when possible. One relative also raised concerns regarding the length of calls and felt that care was sometimes being rushed.

All of the people interviewed had no concerns regarding the quality of care being provided by the staff from Homecare NI and were aware of whom they should contact if issues arise. The UCO was informed that a number of complaints have been made in regards to missed calls, consistency of carers, timekeeping and rushed care; the issues were discussed with the registered manager, regional manager and quality manager during the inspection.

It was good to note that the majority of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service and that observation of staff practice had taken place in their home. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't complain at all about the carers."
- "Recently they seem to be very short staffed which is affecting the quality of our service."
- "The girls are doing their best in difficult circumstances."

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of nine service users. During the home visits, the UCO was informed that two service users experience restraint in the form of bed rails; the use of such was not documented in the care plan or risk assessment for one of the service users and has been requested for review.

Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. Therefore there was no documentation to review in this regard.

During the home visits, the UCO was advised that one service user is receiving assistance with medication and the medication log was being completed consistently.

All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets, a number of issues were identified by the UCO, namely some calls had not been recorded, variation in call times and the length of calls; the matters were discussed with the registered manager, regional manager and quality manager during the inspection and are to be addressed accordingly. It was also noted that all of the files reviewed contained copies of the service users' care plans and risk assessments.

Feedback was provided by the agency following inspection in respect of the actions being taken to address matters raised by service users/relatives.

Summary

The agency has achieved an overall level of **moving towards compliant** in relation to this inspection and matters reviewed.

The agency's 'statement of purpose and the policy on Management, control and monitoring of the agency viewed contain details of the organisational structure but is required for further review to clearly reference the individual structures within trust locality areas. These structures are required to clearly reference the qualifications and experience of each level of senior staff their roles and responsibilities and clear lines of accountability.

Review of quality monitoring processes implemented by the agency for service users, relatives, staff and commissioners were found to be inconsistent in their approach across all locality areas and lacked the overall elements of manager accountability at all levels within the organisation. All matters have been required for review as detailed within the QIP aligned to this report.

Review of medication errors and complaints management again evidenced a lack of management review and accountability in ensuring appropriate review and resolution to all matters. This again has been required for attention within the attached QIP.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 3.2	<p>It is recommended that the registered person ensures that the person centred, holistic assessment of need provided to the agency by the Western HSC Trust includes all of the information detailed in Minimum Standard 3.2.</p> <p>As discussed at recommendation one within the follow up section of the previous report dated 12 August 2013.</p>	Not reviewed during inspection due to other matters requiring review.	Three	Not applicable
2	Standard 1.7	<p>It is recommended that the agency evidence involvement of service users and staff when policies, procedures and practices are being reviewed.</p> <p>As discussed at recommendation eight within the follow up section of this report previous report dated 12 August 2013.</p>	Not reviewed during inspection due to other matters requiring review.	Two	Not applicable

Focus of Inspection

Matters of concern raised by both the Southern Health and Social Care Trust (SHSCT) and the Northern Health and Social Care Trust (NHSCT) relate to the continued failure by Homecare Independent living to meet the appropriate contractual arrangements in regard to:

- Failure to attend commissioned calls (large volume of missed calls).
- Length of commissioned call times (increased number of short calls below commissioned time allocated).
- Missed administration of medication during commissioned calls (often arising due to missed calls). This matter was also reviewed in light of the agency's reporting requirement to RQIA regarding medication incidents.
- Lack of consistency of staff within and across services with staff being drawn from other locality areas on a regular basis.
- Communication - Introduction of new staff, changes in staff and late arrival times not being communicated to service users and their relatives. It was reported that two staff unknown to a service user have on occasions completed calls without prior notice to service users/relatives.

Policies and Procedures review

The statement of purpose dated October 2014 and the policy on Management, control and monitoring of the agency dated May 2014 were reviewed as substantially compliant reflecting the overall structure regarding management within the agency. This structure included the registered person and registered manager Mairead Mackle together with the regional managers, area managers and team leaders and all other staff including quality management. The structure did not include the role of office manager which was referenced during the inspection day in terms of various staff management processes and this has been requested for inclusion. The inspector also recommended review of the management structures within the five different trust areas covered by the agency to present clear information regarding the individual staff members involved in each role within each trust area and clear information relating to each staff members roles, responsibilities and lines of accountability.

Service standards within the agency 'Statement of Purpose' state care assistants should arrive as near as possible within 15 minutes to the allocated time of the commissioned call and inform service user were this is not the case. The 'Statement of Purpose' further states 'change of care assistant' will be communicated to service users. This was reviewed during inspection and discussed as two of the areas under review due to non-compliance.

The 'Management, Control and monitoring of the agency' policy references the role of the agency Quality department in conducting independent audits regarding numbers of services provided, complaints and incidents received and resolved and other areas of care services such as the number of referrals received, missed calls, mis-communication, inconsistencies in care per areas and short call times. Discussion with the quality and training manager during inspection highlighted the shortcomings in these independent audit processes evidenced during the inspection review of materials as discussed further below.

Service User Quality Monitoring

The agency has a service user quality monitoring system in place which is operational and reviews proportions of service users on a monthly basis based on the agency IT scheduling system. This system highlights twice annually when service users are due for face to face reviews. The system presents team leaders and area managers with a schedule of visits due for each month for each locality area and this is reviewed during line manager monthly one to one meetings with each management staff member as discussed during inspection. Review of service user quality monitoring for the NHSCT was found to be compliant for face to face quality monitoring visits whilst evidence reviewed for the SHSCT was incomplete as all service users had not received such visits in line with the specified timeframes.

The telephone quality monitoring process which commenced in June 2014 is due to take place once annually in addition to the twice annual face to face contact and once annual quality survey. Review of telephone monitoring taking place during the second half of 2014 did confirm the process had commenced but did highlight the proportions across all trust areas were not in line with the required numbers given the size of the agency.

Proportions contacted appeared sufficient within the NHSCT but not with SHSCT. The area of Magherfelt within the NHSCT appeared appropriate in terms of numbers reviewed but did however raise concern as to this efficiency of the process given that outcomes from this process of quality monitoring did not present any concerns despite this being highlighted as one of the key areas under review by the NHSCT where matters are arising. Visits by the RQIA UCO to service user in this area also raised concerns regarding quality and consistency of service provision.

All service users are due to have the annual quality questionnaire issued to them as part of the agency annual quality survey. Evidence reviewed during inspection for the 2014 review process highlighted that three out of six service users could not be validated that the questionnaire had been issued to service users within the SHSCT area.

One service user record reviewed during the inspection had no quality monitoring completed in 2014 due to an IT error within the agency. The error in the system meant this service user was not flagged up as part of the monthly IT quality process for team leaders and area managers and further highlighted that such system errors could potentially miss other service users in the quality monitoring process. The inspector highlighted the requirement for the agency to have additional measures in place beyond dependence on IT systems to inform their quality process.

The inspector discussed the line management roles, responsibilities and accountability in reviewing quality of service provision. The regional manager confirmed that monthly meetings take place between each level of management from team leaders up to area managers and regional managers where Key performance indicators (KPI's) are reviewed for each manager at each level. The inspector questioned the effectiveness of the current management review systems when the identified shortcomings are occurring within two trust areas.

Staff Quality monitoring

Staff quality monitoring is scheduled to take place through staff spot checks twice annually, supervision once annually and an annual appraisal programme. Evidence reviewed during inspection for both trust areas (NHSCT and SHSCT) supported processes were compliant in approximately 50% of records reviewed (six staff records for each trust area). The inspector did however evidence that some processes were completed on the same date i.e. spot checks, supervision and appraisal which was discussed as not appropriate given that this may equate to staff only being reviewed once or twice annually. The inspector also discussed how the quality monitoring processes reviewed were not highlighting matters such as quality of staff practice, length of calls, missed medication despite matters highlighted by both trust areas and during the RQIA service user visits. This brings into question the validity and robustness of the system in place.

As per service user quality monitoring the inspector discussed the line management roles, responsibilities and accountability in reviewing quality of service provision regarding staff practice. The regional manager further confirmed that the monthly meetings which take place between each level of management from team leaders up to area managers and regional managers to review Key performance indicators (KPI's) also review managers compliance with staff quality processes. The inspector again raised the question regarding the effectiveness of the current system when the identified shortcomings are occurring in service provision.

Monthly monitoring of the agency

Review of the monthly monitoring reports during inspection for September, October and November 2014 evidenced key findings for all trust areas covered by the agency and clearly referenced in respect of each individual trust area. Review of monthly feedback for the SHSCT area over the three month period reflected positive feedback from service users, relatives, staff and commissioners despite matters being raised by the trust in terms of shortcomings in service provision (missed calls, missed medication, lack of consistent carers and poor communication regarding staff changes and delay in call times). Evidence reviewed for the NHSCT was similar in terms of feedback from all stakeholder groups again despite matters raised by the NHSCT. Review of two monthly reports highlighted issues raised by the trust commissioner regarding missed calls, these were referenced in the first report reviewed whilst the second monthly report completed by Homecare did not reflect how the matter had been addressed and resolved or matters ongoing.

Proportions of feedback from commissioners was reviewed as low with approximately only one professional feedback being captured during the monthly review. This was discussed during inspection for attention.

Annual Quality Survey

The annual survey reviewed during inspection for 2013-14 did not evidence how matters raised (regarding times of calls, contact with service users when staff would be delayed, communication with service users regarding new staff attending) were being addressed ongoing. This was discussed during inspection for review given the current concerns raised by trusts.

Medication errors

The inspector reviewed three medication errors during the inspection. One had been reported by the care staff who administered the error, one had been reviewed by an area manager following an alert by on call staff and the third incident had been reported by a trust professional.

Review of the evidence in addressing the matters arising highlighted:

- Delay in follow up meetings with staff members following incidents occurring. This delay was noted to be up to one month following the initial matter being raised.
- Delays in follow up staff training and no verification of staff competence following training.
- Complete review was not evidenced in one case when another member of management staff was not questioned about their practice and advice given.
- Information reviewed evidenced different names being referenced in some materials which were not applicable to the matter raised.
- Lack of accountability in management sign off on the overall process to ensure complete and accurate records are maintained and all processes have been completed.

Complaints

Review of four complaints from 2013 and 2014 across the two trust areas were issues have been highlighted (NHSCT and SHSCT) evidenced gaps in the agency process in reviewing, resolving and concluding the complaints process. Although all matters had been signed off as complete the inspector evidenced shortcomings in the evidence presented relating to:

- Considerable numbers of different management staff involved in individual complaints reviews with no clear indication of the relevance of different managers to the staff member involved in the initial complaint. This led to a somewhat fragmented approach to complaints resolution and the overall review of the complaints outcome to a satisfactory conclusion.
- Additional service users and or staff members were mentioned within complaints reviewed which did not relate to the initial complaint, there was no explanation of their relevance to the matter raised and these were in some cases discussed during the inspection as potential errors in completion of the complaints records which are not being picked up during the final sign off by the person completing the complaints overview.
- Timeframes for complaints resolution was reviewed in two complaints as not compliant with the 28 day timeframe required within the domiciliary care regulations and there was no clear indication why this timeframe had not been complied with.
- Staff statements associated with one complaint reviewed were not available during the inspection hence presenting incomplete information.
- Delays in meeting staff following the initial complaint to gather facts were often one month after the initial matters was raised again with no indication as to the reason for delay in the process.
- Delays in follow up staff quality monitoring following complaints resolution by up to several months were evident and incomplete evidence on such quality monitoring of staff on the outcome of the review and staff competence moving forward were also evident.

The inspector concluded that lack of structure regarding those managers involved in the complaints review process and the overall accountability in reviewing the process to its conclusion led to the shortcomings identified during the inspection review.

Consistency of care staff and communication with service users regarding changes in staff and delayed call times.

Discussion with the registered person/manager during inspection together with the regional manager and quality manager attributed these issues arising due to high volumes of staff turnover, staff sickness and lack of management accountability in addressing the matters within certain areas. Communication with service users regarding changes in staff and call times is variable across locality areas depending on the managers aligned. The inspector advised that a sufficient management review system should be applied across the organisation to prevent such occurrences and address matters arising to ensure prompt resolution and prevent reoccurrence. The registered person/manager confirmed that management staff in the NHSCT area are currently under review as a result of matters being highlighted within this trust area.

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>Regulation 10 (3) Mairead Mackle (CEO & Registered Manager) has attended relevant and ongoing training courses/seminars/workshops to ensure her experience and skills are continually updated in order for her to manage the agency. These include her attendance/participation at the following: NISCC Workforce Development Forum, CBI - Public Reform Committee, Member of IHCP, attendance at CEO at Queens re global management. Mairead is also completing a Masters in Business Management where she has completed modules in Leadership and Performance.</p> <p>Regulation 11 (1) The Registered Manager reviews the Statement of Purpose on an annual basis which is included as part of the 'Statement of Purpose and Client Guide'. The Registered Manager has a senior management structure to support her and to ensure that the agency is being managed with sufficient care, competence and skill. This structure comprises of Chief Financial Officer, Chief Operating Officer, HR Manager, Operations Manager, 3 Regional Managers, Quality and Training Manager and IT Manager. The Regional Managers</p>	<p>Substantially compliant</p>

are supported by teams of Area Managers and Team Leaders who conduct the on-going monitoring of Clients and Care Assistants in the community. Homecare have stringent policies and procedures in place which are in line with legislative and regulatory guidelines to ensure the effective running of the organisation.

Standard 8.17 and Standard 12.6

As per RQIA's Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012, the Registered Manager adheres to this guidance and has completed Medication training as per the schedule. She also ensures the relevant mandatory training and specialised training is in place for all Care Assistants and Community Managers to ensure they are able to maintain their registration with the appropriate regulatory body. Training records will be available on day of inspection

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Standard 8.10 The Registered Manager has monthly audits in place as follows: Operations: Care Plan audit assesses that referral/amendment paperwork for a new client is in place. Human Resources: Assesses the correct procedures are adhered to for the recruitment of staff. Finance: Review of all invoicing, payroll and expenses/purchases to ensure they are being managed in line with financial policies and procedures. Quality: Audit in place to ensure Complaints are being signed off within the timeframe and that complaints are being properly addressed in accordance with our Complaints procedure. Training: Audit to ensure all staff have a signed and updated training record as confirmation of their attendance at training.</p> <p>Where issues have been identified from these audits, an appropriate action plan has been put in place for follow up.</p> <p>Standard 7.13 The Registered Manager ensures that medication errors and incidents are reported to the appropriate authorities (RQIA, Trust Governance and Key Worker in accordance with procedures) using the 'Notification 1A Form'</p>	<p>Substantially compliant</p>

Standard 12.9

As part of the Quality Monitoring Report, feedback is sought from Clients, Care Assistants and Commissioners to ascertain their views on the quality of service provided by the agency. Any concerns raised are addressed and followed up with feedback to the complainant.

The effectiveness of training is also evaluated through feedback from the following:

Client: Annual Client Satisfaction Survey, Client Reviews, Client Focus Groups, Client Telephone Reviews, Multi-Disciplinary Meetings with Trust and Clients.

Care assistant: Supervisions and spotchecks, Appraisals, Making a Difference Meetings (MAD), Team Meetings and the Annual Road Show.

Making a Difference Meetings (MAD) is a method of communicating all policy changes, legislative and regulatory changes, along with reiterating awareness of recurring Quality issues in the area (via Case Studies). The key focus of these meetings is to ensure the proper communication of senior management decisions to all staff within a specified time period. We are in the process of recruiting a Communications Officer to ensure the consistent delivery of all important company messages.

Any comments, complaints or issues raised by clients, representatives and employees of Homecare will be used to formulate improvements in the company and alter the policies and procedures or training. Feedback on the results of surveys will be given by Homecare, to all participants, upon request.

The registered person monitors quality of service, through the quality improvement process, and carries out a monitoring report on a monthly basis to put forward suggestions for improvement.

Standard 13.5

The Registered Manager ensures that annual appraisals are completed for every employee that is with the company for one year or more. The discussion includes a review of the employees performance against their job description and agreed objectives are set for the forthcoming year. All information is agreed and recorded on the Homecare Appraisal Template Form, which is signed by both the Line Manager and employee.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Regulation 13 (b) The Registered Manager ensures that no domiciliary care worker is supplied by the agency unless they undergo a complete Care Assistant Induction Programme comprising of a 3 day class room training, followed by a 2 day 'on the job' shadowing with an experienced Care Assistant. Thereafter the Care Assistant commences a 3 month mentoring programme, at the end of which a practical skills sign off is completed with their Team Leader/Area Manager. Training records are available on day of inspection.</p> <p>Standard 7.9 Training in specific medication techniques is provided for Care Assistants by qualified trainers.</p> <p>Standard 12.4 Individual training needs are identified during supervisions and appraisals. It is the responsibility of the manager to liaise with the Training Department with a view to developing/sourcing a relevant training programme. This is documented and examples are available on the day of inspection</p> <p>Standard 13.1 Managers and Supervisory staff are trained annually on supervisory and performance appraisal and records of same will be available on day of inspection</p>	<p>Substantially compliant</p>

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>Standard 8.10 Monthly audits are completed within Operations to include: Care Plan Audit Care Assistant Spot Checked by Team Leader/Area Manager as per policy Where issues have been identified an appropriate action plan has been put in place for follow up</p> <p>Standard 7.13 The Quality Department report medication errors and incidents to the appropriate authorities (RQIA, Trust Governance and Key Worker in accordance with procedures) using the 'Notification 1A Form'</p> <p>Standard 12.9 Evaluating feedback from all sources (e.g. spot checks, quality issues, care assistant and client meetings, accidents and incidents) with a view to making improvements to services delivered by updating policies and procedures and training. Homecare's Quality Improvement Policy is in place to monitor satisfaction levels in all key areas of its operations, and lays out the framework for reviewing, evaluating, and implementing improvements, where necessary, on a continuous basis.</p> <p>Standard 13.5 Homecare complete annual appraisals for each staff member to review their performance and set out</p>	<p>Substantially compliant</p>

<p>agreed Objectives to work towards over the coming year in line with policies and procedures</p>	
---	--

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

COMPLIANCE LEVEL

Provider's Self-Assessment:	
<p>Regulations 21 (1) When a new client's package commences, the Area Manager meets with the client/client representative and develops a person centred Care Plan which details specific needs and commissioned tasks which form part of the Client's Home File. The Home File contains the following: Client Care Plan Early Warning System (EWS) Homecare - Daily Report Sheet and Shopping Form (if a commissioned task) Directions for use of Equipment Accidents and Incidents Complaints, Comments and Compliments Client Guide, Statement of Purpose & Written Agreement</p> <p>'The Client Guide and Statement of Purpose' specifies the procedure to be followed after an allegation of abuse, neglect or harm.</p> <p>Where there is a change/amendment to a client's package of care, following receipt of relevant paperwork from the commissioner, the Area Manager visits the client's home and updates the care plan, a second copy is scanned and filelinked to Client's record on MIS system, paper copy is then shredded.</p> <p>All paper records (Daily Report Sheets) are stored in a securely locked cabinet and archived for a period of 8 years, after which they they are shredded. All records are available for inspection.</p> <p>Regulations 21 (2) The Client's Homefile, which includes the Client Careplan, the Risk Assessment, Tasks to be completed including medication and the Daily Report Sheet, is kept in the Client's home in a secure place. As per above where there is a change or amendment, the Care Plan is updated accordingly.</p> <p>Standard 5.2 Daily Report Sheets record date, time of arrival and leaving and tasks completed by care assistants. All concerns are reported to the Client's Representative and the office. All follow up is completed with all actions recorded to include communication with Health and Social Care Services. All Incidents and Accidents are recorded on 'Notification of Accident/Incident Form'. Investigation and</p>	<p>Substantially compliant</p>

follow up is recorded, actioned and learning alerts are issued where applicable.

Standard 5.6

The Registered Manager regularly reinforces with the Care Assistants the importance of completing Daily Report Sheets accurately and factually at the end of each call. This is re-enforced through spot checks and regular communication with care assistants.

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>Regulation 15 (6) (d) Receipt of monies (shopping) may only be completed if it is documented within the Client’s Care Plan. When accepting money from a client or their representative for the purpose of shopping, the care assistant must record accurately on the 'Shopping Record' Sheet. Before leaving the client’s home to go shopping; the care assistant double checks the amount of money they have received. Both the Care Assistant and Client/Representative must sign the relevant sections of the form. After returning to the client’s home after shopping; the care assistant hands the receipts and change to Client/Representative ensuring totals match. Both the Care Assistant and Client/Representative must sign the relevant section of the form. The Client/Representative retains the receipt for safe keeping and the completed Shopping Record Sheet is returned to Homecare Office for audit purposes and scanning onto MIS system.</p> <p>Standard 8.14 As per above, records are kept of the amounts of monies exchanged and the change/receipts returned using the 'Shopping Record' Sheet</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Provider to complete</p>

THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • the applicant’s identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed. 	

Provider's Self-Assessment:	
<p>Regulation 13 The Registered Manager ensures that no domiciliary care worker is supplied by the agency unless they have the following in place:</p> <ul style="list-style-type: none"> (a) two written reference sought in advance of commencement of employment (b) experience and skills is not required, as full training and mentoring is provided, but Homecare require the person to have a caring disposition and a willingness to learn and have a passion to work in the care industry. (c) Pre-employment medical questionnaire is completed and referred to Occupational Health if necessary (d) All applicants complete an application form, which cover all the areas specified in Schedule 3. <p>Standard 8.21 The Registered Manager ensures that an Access NI disclosure is completed for each potential care worker and in receipt of a satisfactory disclosure before the applicant's appointment is confirmed.</p> <p>All Criminal History Disclosures are at the 'enhanced level'. Where appropriate referrals are necessary in order to safeguard children and vulnerable adults, a Risk Assessment is completed and signed off by 2 Senior Managers.</p> <p>Standard 11.2 An ID validation checklist is completed at interview. Two satisfactory written referenes are sought in advance of commencement of employment, one of which must be the present or most recent employer. Gaps in employment are sought and explored at interview stage. Any gaps and explanations are recorded on the interview notes. An enhanced Access NI disclosure is sought before confirmation of employment. Overseas applicants are required to seek a Police Check from country of origin. Copies of certificates to verify qualification obtained are requested from applicants at interview stage. The registration status of the applicant is checked on-line. A pre-employment medical questionnaire is completed and referred to Occupational Health if necessary. Applicants must produce a valid driving licence together with business insurance before commencement of employment. There is a process in place for the annual follow up of renewal of business insurance. Work permit/employment visa are checked on an annual basis</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

Additional Areas Examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Mairead Mackle (Registered person and manager), the regional manager and quality manager** as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Amanda Jackson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Primary Inspection

Homecare (Northern Ireland) Ltd t/a Homecare Independent Living

12 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Mairead Mackle (registered person and manager) the regional manager and quality manager** receiving feedback during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 5 and Schedule 1	The registered person/registered manager is required to review and revise the Statement of Purpose to ensure compliance with Regulation 5 and Schedule 1.	Once	The organisational structure within the Statement of Purpose has been updated to identify lines of accountability and specifies the roles and responsibilities for all within the company.	To be completed by 12/04/15
2	Regulation 23(1)	<p>The registered person/registered manager is required to review their policy for the 'Management, control and monitoring of the agency'.</p> <p>(Minimum standard 8 and standard 9 and appendix 1)</p>	Once	<p>We have reviewed our policy 'Management, control and monitoring of the agency', to incorporate a breakdown of the senior management team to include a breakdown of responsibilities and accountabilites. This also includes a review of the Quality Monitoring process for both Service User and Care Assistant. We have also recruited a Quality Supervisor whose role is to ensure the company is compliant with minimum standards. There are arrangements in place that support and promote the delivery of quality care services</p> <p>Policies and Procedures are reviewed annually to ensure</p>	To be completed by 12/04/15

				that they are in line with best practice	
3	Regulation 23(1)	<p>The registered person/registered manager is required to ensure appropriate implementation of all quality monitoring processes for service users in line with their quality monitoring policy to include service user face to face monitoring, telephone monitoring and annual quality review.</p> <p>The registered person/registered manager is required to further ensure that appropriate management actions are implemented where quality of service provision falls below the minimum standard.</p> <p>(Minimum standard 8.2, 8.6, 8.10, 8.11 and 8.12)</p>	Once	<p>To ensure appropriate implementation of all quality monitoring processes for service users, we have measures in place to supplement the process and this is subject to contractual requirements.. We introduced a new management reporting tool in January 2015 which monitors the quality and operational performance per area, this will also allow us to identify gaps in the process. Our new quality assurance process is being finalised which will ensure adherence to standards and highlight any gaps for improvement and an action plan is put in place to address concerns and to closure.</p> <p>The monthly Community Management Review Meetings commenced in February 2015. These meetings will allow for ongoing monitoring of performance of managers to ensure adherence to standards.</p>	To be completed by 12/04/15
4	Regulation 23(1)	The registered person/registered manager is required to ensure appropriate	Once	To ensure appropriate implementation of all	To be completed by

		<p>implementation of all monitoring processes for staff in line with their quality monitoring policy document to include staff spot checks, staff supervisions and appraisal. Appropriate follow up action is required in line with standard 13 where staff practice is reviewed as non-compliant.</p> <p>(Minimum standard 8.10 and standard 13)</p>		<p>monitoring processes for staff in line with our quality monitoring policy, we have reviewed our supervision and appraisal policy. Our quality assurance process will ensure adherence to standards and highlight any gaps for improvement and an action plan put in place to address concerns to get closure. This process will be monitored through the Reporting Management Tool which will be highlighted at the monthly Community Management Review meetings.</p>	12/04/15
5	Regulation 23(1)	<p>The registered person/registered manager is required to ensure appropriate implementation of the monthly monitoring process and report and ensure actions plans are clearly referenced and followed up at each monthly review.</p> <p>(Minimum standard 8.11)</p>	Once	<p>The monthly quality monitoring reports now references any issues/concerns from Service User/care assistant reviews and evidence of an action plan to resolve to get closure will be recorded. The new quality assurance process will also 'close the loop'.</p>	To be completed by 12/04/15
6	Regulation 23(1)	<p>The registered person/registered manager is required to ensure appropriate implementation of the annual quality survey for all service users and ensure the report accurately reflects how matters raised will be addressed and reviewed at regular intervals.</p> <p>(Minimum standard 8.12)</p>	Once	<p>The annual client satisfaction survey is due to be issued to Service Users in March 2015. A validation exercise will be completed to ensure all current Service Users receive a survey. On completion of feedback and analysis of returned surveys,</p>	To be completed by 12/04/15

				<p>follow up with be in the form of communication to the relevant Area Managers identifying the areas for follow up. Action plan and outcomes to be completed within an agreed timeframe.</p>	
--	--	--	--	---	--

7	Regulation 15(4)	<p>The registered person/registered manager is required to ensure prescribed services are provided consistently to all service users in line with the commissioning trust care plan. Where services are not provided consistently appropriate action is required to be reflected through the agency quality monitoring processes.</p> <p>(Minimum standard 4 and standard 8.10)</p>	Once	<p>To ensure prescribed services are provided consistently to all Service Users in line with the commissioning trust care plan, HCIL has a written individual Service User agreement which is provided at the start of services and which states the agreement details between HCIL and Service User. Service User Quality Monitoring is completed 6 monthly and any concerns raised are addressed and will be captured in the Quality Assurance Process.</p>	To be completed by 12/04/15
8	Regulation 15(7)	<p>The registered person/registered manager is required to ensure staff administer medications in line with the commissioning trust care plan and ensure appropriate management of staff non adherence to the commissioned care. All related records are required to be appropriately maintained for later review.</p> <p>(Minimum standard 7.7, 7.8, 7.13, 7.14 and standard 10)</p>	Once	<p>To ensure appropriate management of medication the following has been carried out: A communication was sent to all care assistants highlighting the importance of adhering to standards and procedures with regards to management of medication. 'STOP and READ' (which highlights the 7 rights of medication) has been placed in the front of all Service User Homefiles reminding care assistants of the 7 rights of medication. All medication errors are reported to RQIA and there is a process in place for the management of those</p>	To be completed by 12/04/15

				<p>staff who do not adhere to the medication policy. This may include retraining in medication which includes a medication competency sign off. There after the Area Manager will complete spot checks to ensure compliance and this will be captured in the Quality Assurance Process. All records will be scanned and file linked in a timely manner</p>	
9	Regulation 22	<p>The registered person/registered manager is required to ensure all complaints are appropriately investigated and concluded and ensure all records relating to each complaint is appropriately maintained for future review.</p> <p>(Minimum standard 15)</p>	Once	<p>To ensure all compliants are appropriately investigated and concluded, we complete the following: Correct process is discussed at monthly Commuity Management Review meetings. Specific Training on Quality Improvement Process will be delivered at March 2015 meeting. The new Quality Assurance Process along with the Reporting Management Tool will identify gaps in this process and an action plan put in place to close the loop. Specific training on conducting investigations/disciplinaries was carried out in February 2015 at the Monthly Management Review meeting.</p>	To be completed by 12/04/15

				<p>All records will be scanned and file linked on a timely manner. Homecare is finalising the introduction of an automated Complaints Management Software System which is targeted for June 2015.</p>	
--	--	--	--	---	--

10	Regulation 21 and Schedule 4	<p>The registering person/registered manager is required to ensure staff recording in service users homes is compliant with Regulation 21 and Schedule 4.</p> <p>(Minimum standard 5)</p>	Once	<p>The Registered person/Manager ensures staff recording in Service User homes is compliant by:</p> <p>Ensuring all records are kept up to date, in good order and in a secure manner by conducting regular audits.</p> <p>Appropriate recording of any changes in Service User's situation and details passed to relevant Trust.</p> <p>The records are signed and dated by the person making the entry</p> <p>Monitoring, collection and auditing of Daily Report Sheets on a regular basis and following up on any action where required</p> <p>Records relating to Clients, care workers, training and development of staff to include induction and appraisal are available for inspection. All records are retained for not less than 8 years</p>	To be completed by 12/04/15
----	------------------------------	---	------	---	-----------------------------

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Mairead Mackle
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mairead Mackle

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	13/03/15
Further information requested from provider			