THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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SECONDARY UNANNOUNCED INSPECTION

Inspection No:	**IN021427**
Establishment ID No:	**10955**
Name of Establishment:	**Homecare (Northern Ireland) Ltd t/a Homecare Independent Living**
Date of Inspection:	**16 April 2015**
Inspector's Name:	**Amanda Jackson**

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:	028 37511333
E mail Address:	mmackle@homecareindependentliving.com
Registered Organisation / Registered Provider:	Homecare (NI) Ltd / Ms Mairead Mackle
Registered Manager:	Ms Mairead Mackle - Registration pending (Application not received)
Person in charge of the agency at the time of inspection:	Ms Mairead Mackle Inspection also attended by the regional manager and the Quality manager
Number of service users:	1800
Date and type of previous inspection:	Primary Unannounced Inspection 12 January 2015
Date and time of inspection:	Secondary Unannounced Inspection 16 April 2015 09.45 to 18.00 hours
Name of inspector:	Amanda Jackson

1.0 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 secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 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.

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.

1.2 METHODS/PROCESS

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

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

1.3 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Domiciliary Care Agencies Regulations and Minimum Standards:

- Regulation 5 and Schedule 1
- Regulation 23(1)
- Regulation 15(4)
- Regulation 15(7)
- Regulation 22
- Regulation 21 and Schedule 4

The inspector has 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 (except the WHSCT) 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 and service provision ranges with services to children and older people and includes a range of disability groups. The overall aim of the agency is to enable people to live independently at home.

SUMMARY OF INSPECTION

Detail of inspection process

The secondary unannounced inspection for Homecare Independent Living was carried out on 16 April 2014 between the hours of 09.45 hours and 18.00 hours.

Homecare Independent Living had ten requirements made during the agency's previous annual announced inspection on 12 January 2015. This inspection was set to review all requirements. Five requirements were found to be 'compliant' three requirements were reviewed as 'substantially compliant' and two requirements reviewed as 'moving towards compliance'. The remaining outstanding areas have been carried forward within this Quality Improvement Plan.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	NUMBER OF TIMES STATED	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 5 and Schedule 1	The registered person/registering manager is required to review and revise the Statement of Purpose to ensure compliance with Regulation 5 and Schedule 1.	Once	The statement of purpose dated 01.04.2015 had been updated regarding all management structure including the role of office manager.	Compliant
2	Regulation 23(1)	The registered person/registering manager is required to review their policy for the 'Management, control and monitoring of the agency'. (Minimum standard 8 and standard 9 and appendix 1)	Once	The 'Management, control and monitoring of the agency' policy had been reviewed and revised several times since the previous inspection most recently on 02.04.2015 and included the reviewed management structure including the role of office manager.	Compliant
3	Regulation 23(1)	The registered person/registering 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. The registered person/registering manager is	Once	The agency have revised their policy on Management, control and monitoring of the agency' as stated within requirement two above. During the reviews of the policy the agency have amended their process of service user review to twice annual face to face contact together with the annual quality survey. Telephone contact with service users continues to take place as and when required depending on changing service and service user needs but no longer forms part of the formal quality monitoring process.	Compliant

		required to further ensure that appropriate management actions are implemented where quality of service provision falls below the minimum standard. (Minimum standard 8.2, 8.6, 8.10, 8.11 and 8.12)		Reviewed of two service users files for two trust areas South Eastern Health and Social Care Trust (SEHSCT) and the Southern Health and Social Care Trust (SHSCT) (the SHSCT had areas of non-compliance evidenced at the last inspection) evidenced service user quality monitoring in line with the agency policy timeframes. The agency computer system for logging and tracking service user quality monitoring was reviewed by the inspector and evidenced how 1st and 2nd dates for review are populated and highlighted to area manager for ongoing review within each twelve month period. Given that the inspector reviewed this process as not full proof at the last inspection (when a service user was not detailed on the system) the regional managers and quality manager discussed and evidenced how a second manual check of all service user quality monitoring for all area managers during the monthly management meeting takes place to ensure no service user monitoring is missed. The new monthly monitoring meeting appeared robust in its format and has a dedicated quality monitoring officer for all area managers. This quality	

				monitoring officer reviews a range of area manager responsibilities with appropriate follow up action taken as required where practice or competence is not fully compliant with agency standards. One such case has already been identified since this process was implemented two months ago and was reviewed during the inspection. The process for follow up with the area manager again appeared comprehensive. Annual quality surveys for 2015 have been issued to service users and are currently being returned for analysis. These questionnaires are anonymous regarding service user details but identify the trust area. The inspector reviewed five questionnaire returns across three trust areas Northern Health and Social Care Trust (NHSCT – Magherafelt and Castledawson) (SHSCT – Armagh and Newry & Mourne) and SEHSCT given that previous issue highlighted at the last inspection were aligned to the NHSCT and SHSCT areas). Questionnaire feedback reviewed appeared satisfactory and in support of a good standard of service provision within the three trust areas. The inspector was unable however to review the complete process until the full returns have been received, analysed and the annual	

				quality report completed by the agency. The inspector also verified that the annual quality questionnaire had been issued to all service users across all trust areas as there had been identified gaps in this process evidenced at the last inspection. The inspector randomly selected six service users across three trust areas SHSCT, SEHSCT and NHSCT against the circulation list and found this matter to be fully compliant.	
4	Regulation 23(1)	The registered person/registering manager is required to ensure appropriate 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. (Minimum standard 8.10 and standard 13)	Once	Given the previous trust areas identified at the last inspection as having shortfalls in the quality monitoring process the inspector reviewed staff quality monitoring for the SHSCT and NHSCT. As discussed in requirement three above the agency have a scheduling tool within their computer system which highlights twice annually when staff are due for quality monitoring. This process was reviewed as appropriate during inspection but again is supported by the manual checking processes by the quality monitoring officer which feeds into the monthly monitoring meetings to ensure shortfalls do not occur within the process. Again as discussed in	Substantially compliant

				requirement three where area manager's practice or competence is reviewed as non-compliant in any area a follow up process has been implemented. This process appeared appropriate when reviewed during inspection but will require ongoing inspection review/monitoring to ensure ongoing compliance is maintained The inspector reviewed twice annual quality monitoring for one team leader and one care worker for each of the two identified trust areas and found evidence of quality monitoring/joint supervision process in compliance with the agency policy timeframes. The template for quality monitoring is also more focused now on key areas identified at the last inspection although the inspector did highlight in a one record were care plan information had been identified as out dated yet no follow up action appeared to have taken place. The inspector reinforced the agency responsibility and accountability during the monthly monitoring meeting process to ensure all such matters are reviewed and addressed ongoing.	

5	Regulation 23(1)	The registered person/registering 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. (Minimum standard 8.11)	Once	Review of the three monthly monitoring reports since the previous inspection January, February and March 2015 again for the identified two trust areas (NHSCT and SHSCT) were undertaken. Feedback from trust commissioners from both trust areas in each month highlighted good standards of care practice and of Homecare Independent Living as a whole. Numbers of commissioners sampled each month has also increased following the previous inspection outcomes and requires ongoing review to ensure all commissioners are being communicated with ongoing. The inspector did however highlight that the January report for the NHSCT area did highlight three areas for improvement identified by a care manager. Although evidence was presented at inspection in respect of two areas attended the third matter had not been addressed and feedback had not been sought in later months from the care manager to confirm if improvements had been noted. The inspector again recommended this to occur in line with best practice to ensure ongoing matters do not continue.	Substantially compliant

6	Regulation 23(1)	The registered person/registering 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. (Minimum standard 8.12)	Once	As per requirement three above; Annual quality surveys for 2015 have been issued to service users and are currently being returned for analysis. These questionnaires are anonymous regarding service user details but identify the trust area. The inspector reviewed five questionnaire returns across three trust areas Northern Health and Social Care Trust (NHSCT – Magherafelt and Castledawson) (SHSCT – Armagh and Newry & Mourne) and SEHSCT given that previous issue highlighted at the last inspection were aligned to the NHSCT and SHSCT areas). Questionnaire feedback reviewed appeared satisfactory and in support of a good standard of service provision within the three trust areas. The inspector was unable however to review the complete process until the full returns have been received, analysed and the annual quality report completed by the agency. The inspector also verified that the annual quality questionnaire had been issued to all service users across all trust areas as there had been identified gaps in this process evidenced at the last inspection. The inspector randomly selected six service users	Moving towards compliance

				across three trust areas SHSCT, SEHSCT and NHSCT against the circulation list and found this matter to be fully compliant.	
7	Regulation 15(4)	The registered person/registering 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. (Minimum standard 4 and standard 8.10)	Once	As detailed under requirement three and four above service user and staff quality monitoring was reviewed in terms of ongoing quality monitoring and evidence of improvements. Review of five randomly selected service user files across three trust areas SEHSCT, SHSCT and NHSCT were reviewed as variable in their follow up to matters raised during quality monitoring. The SHSCT was reviewed as compliant while the other two trust areas were reviewed as moving towards compliance given that matters raised had not been appropriately followed up or evidenced. As part of the revised agency policy on "process for collection, auditing and filing of daily reports" dated 01.04.2015 the team leaders and areas managers are required to review service user home records during quality visits of service users or staff and record this checking process in the service users home file. This process is then quality assured by the quality monitoring officer and forms part of the monthly monitoring meeting to ensure staff	Moving towards compliance

				compliance with agency policies and procedures regarding commissioned care. This process has just been implemented this week and as such the inspector was unable to review the validity of the process until the next inspection.	
8	Regulation 15(7)	The registered person/registering 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. (Minimum standard 7.7, 7.8, 7.13, 7.14 and standard 10)	Once	Review of two medication records, one for the SHSCT and one for the NHSCT due to previous issues arising in both trust areas evidenced clear records maintained where medication issues had arisen and were appropriately addressed by the agency. Records were clearly and chronologically maintained and included agency manager's communications, staff meetings/disciplinary meeting minutes and retraining and competence assessments.	Compliant

9	Regulation 22	The registered person/registering 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. (Minimum standard 15)	Once	Review of three complaints during inspection across three trust areas SHSCT, NHSCT and BHSCT were reviewed as compliant with records (like medication incidents detailed under requirement eight above) clearly and chronologically maintained and included agency managers communications, staff meetings/disciplinary meeting minutes and retraining and competence assessments.	Compliant
10	Regulation 21 and Schedule 4	The registering person/registering manager is required to ensure staff recording in service users homes is compliant with Regulation 21 and Schedule 4. (Minimum standard 5)	Once	Staff recording is now being more closely reviewed by the agency as part of the service user and staff quality monitoring processes. As detailed under requirement seven above, the third aspect of quality assuring these processes has just been implemented this week as part of the revised agency policy on “process for collection, auditing and filing of daily reports” dated 01.04.2015. This revised process requires the team leaders and areas managers to review service user home records during quality visits of service users or staff and record this checking process in the service user’s home file. This process is then quality assured by the quality monitoring officer and forms part of the monthly monitoring meeting to ensure staff compliance with agency policies and procedures regarding commissioned	Substantially compliant

				care. This process has just been implemented this week and as such the inspector was unable to review the validity of the process until the next inspection.	

ADDITIONAL AREAS EXAMINED

Registration certificate

During the previous inspection the registration certificate could not be located within the agency. RQIA registration reissued the previous certificate dated 12/08/13 and this was displayed appropriately during this inspection.

Registration of manager

The inspector discussed the ongoing registration pending status and qualifications of Ms Mackle who confirmed that previous information had been submitted to RQIA to allow for registration completion. Upon review of this matter with the RQIA registration team it was confirmed that an application for registered manager was not submitted by Ms Mackle and this has been required for immediate attention.

Review of Serious adverse incident (SAI)

The inspector discussed with the quality manager and reviewed the evidence in respect of one SAI recently submitted to RQIA from the NHSCT. All matters appeared to have been appropriately addressed with evidence to support staff disciplinary processes and retraining.

Follow up with NHSCT and SHSCT regarding quality of service provision

The inspector spoke with one member of staff from both trust areas in respect of progress reviewed by the trusts on quality improvement. Both trusts highlighted that improvements in quality of service provision has occurred however review of this matter remains ongoing.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mairead Mackle Registered person and acting manager together with the two regional managers, quality manager, and chief operating officer 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.

Where the inspection resulted in no recommendations or requirements being made the provider / manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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:

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

The Regulation and Quality Improvement Authority

Quality Improvement Plan

Secondary Unannounced Inspection

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

16 April 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 Mairead Mackle Registered person and manager together with the two regional managers, quality manager, and chief operating officer receiving feedback either during or after 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	23(1)	The registered person/registering manager is required to ensure appropriate 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. (Minimum standard 8.10 and standard 13) As discussed within requirement four of this report.	Twice	The Quality Assurance Process was set up in February 2015 to specifically address the areas of non compliance and feedback from this process is shared with the Managers on a monthly basis. Managers are issued with an Audit Pack which highlights the areas of non-compliance and action points of where accountabilty and focus needs to be. We have completed a review of the Quality Assurance process for the first quarter and targets and deadlines have been set for each Manager so we can measure our progress towards becoming compliant in all areas. Where there is continued non compliance with Managers, this will be addressed formally through the Regional Managers.	To be completed by 16 June 2015
2	23(1)	The registered person/registering manager is required to ensure appropriate ongoing monthly monitoring processes and reports and ensure actions plans are clearly referenced and followed up at each monthly	Twice	The Quality Manager is responsible for ensuring all action plans are followed up and closure sought where issues are identified. This is	To be completed by 16 June 2015

		review. (Minimum standard 8.11) As discussed within requirement five of this report.		then referenced clearly in the Monthly Monitoring Report.	

3	23(1)	The registered person/registering 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. (Minimum standard 8.12) As discussed within requirement six of this report.	Twice	Following analysis of the Service User Survey where specific issues have been identified, these have been recorded on a spreadsheet which has been sent to relevant managers for follow up and closure. A deadline date had been provided for complete closure on all specific issues raised.Recurring themes within the survey have been highligted to the relevant managers where action plans are put in place to address and to review.	To be completed by 16 June 2015
4	15(4)	The registered person/registering 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. (Minimum standard 4 and standard 8.10) As discussed within requirement seven of this report.	Twice	The Quality Assurance process will capture those areas of non compliance and an action plan put in place to address with targets and timeframes for improvement.The QA process is reviewed quarterly. The process for 'Collection, auditing and filing of Daily Report Sheets' is now in place to ensure staff compliance with our policies and procedures regarding commisioned care. Where there are failings, there is a process for follow up and closure using the Daily Report Sheet Audit Form. This process is then quality assured and	To be completed by 16 June 2015

				feedback/action plans are provided at the monthly managers meetings	
5	21 and Schedule 4	The registering person/registering manager is required to ensure staff recording in service users homes is compliant with Regulation 21 and Schedule 4. (Minimum standard 5) As discussed within requirement ten of this report.	Twice	As above,The process for 'Collection, auditing and filing of Daily Report Sheets' is now in place to ensure staff compliance with our policies and procedures regarding commisioned care. Where there are failings, there is a process for follow up and closure using the Daily Report Sheet Audit Form. This process is then quality assured and feedback/action plan provided at the monthly managers meetings	To be completed by 16 June 2015
6	9(1)(a)	The registering person is required to appoint a registered manager in respect of the agency. As discussed within the additional areas section of the report.	Once	Suitable member from the Executive team has been identified for this role and the application form for Registered Manager is being finalised. The completed form should be with RQIA registration team by 22 May 2015	To be commenced with immediate effect.

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	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	a.jackson	6/7/15
Further information requested from provider			