

**Unannounced Care Inspection  
of  
Homecare (Northern Ireland) Ltd t/a Homecare  
Independent Living**

**23 July 2015**

## 1. Summary of Inspection

An unannounced care inspection took place on 23 July 2015 from 09.15 to 14.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Homecare (NI) Ltd/Ms Mairead Mackle	<b>Registered Manager:</b> Ms Joanne Elizabeth Murray (registration pending)
<b>Person in charge of the agency at the time of Inspection:</b> Quality manager	<b>Date Manager Registered:</b> Registration pending (Application submitted - 22 May 2015)
<b>Number of service users in receipt of a service on the day of Inspection:</b> 1624	

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following regulation and standards have been met:

- Standard 3.2
- Standard 1.7
- Regulation 23(1)
- Regulation 23(1)
- Regulation 23(1)
- Regulation 15(4)
- Regulation 21 and Schedule 4
- Regulation 9(1)(a).

### 4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection reports
- Previous returned quality improvement plans.

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

- Discussion with the registered person/manager and Quality manager
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Service user focus group minutes
- Staff focus group minutes
- Monthly quality assurance meeting process
- Monthly area manager audit process
- Quarterly and six monthly quality assurance review processes
- Annual quality report (2015)
- Monthly monitoring reports (April, May and June 2015)
- Collection, auditing and filing daily report procedure
- Three service user home records audit
- One staff recruitment file.

## 5. The Inspection

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 services to 1624 service users in Northern Ireland. The service is currently provided by 678 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.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 16 April 2015. The completed QIP was returned and approved by the inspector.

### 5.2 Review of Requirements and Recommendations from previous Inspection on 12 August 2013

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 3.2	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.	<b>Not Applicable</b>
	<b>Action taken as confirmed during the inspection:</b> The agency currently has three remaining service users with the Western HSC Trust which will cease in the near future. No new referrals are being accepted within this trust area and have not been prior to the previous inspections in 2015 hence this recommendation was not reviewed during inspection.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 1.7	It is recommended that the agency evidence involvement of service users and staff when policies, procedures and practices are being reviewed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A range of focus groups were implemented by HCIL in 2014 to review policies and procedures following the 2013 inspection. These focus groups involved a wide range of varying staff groups based on the policies being reviewed and their applicability to the staff in question, staff gave their input at these focus group and policy amendments were made on the basis of discussions from all involved. This process is due to be repeated in 2015/16. A range of focus group records for 2014 were reviewed during inspection to verify this process.	

	<p>A range of focus groups involving service users/relatives were also implemented in 2013 and are currently being repeated in 2015. Review of two focus group minutes for 2015 across two different locality areas evidenced relative involvement in reviewing specific policies to care delivery.</p> <p>A letter sent out to all service users/relatives requesting their involvement in focus groups was also reviewed at inspection for both locality areas as detailed above.</p>	
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# Review of Requirements and Recommendations from pervious Inspection on 16 April 2015

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: Regulation 23(1)</b>	<p>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.</p> <p>(Minimum standard 8.10 and standard 13)</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>HCIL have implemented a quality assurance process following the January 2015 inspection. This process was in the early stages of implementation during the April 2015 inspection. The quality assurance process incorporates a monthly audit process. This audit is completed by the quality supervisor for all area managers to identify each managers compliance with the required standards on staff supervision, spot checks, appraisals amongst other areas such as appropriate completion of relevant paperwork and templates. Feedback from these audits is presented to all area and regional managers during monthly management meetings to ensure shared learning and information sharing across the organisation. Where specific area managers are found not to be compliant individual meetings/supervision are held between the area manager and their line manager (regional manager) for attention. This was reviewed for one staff member during inspection where matters arising in March 2015 were addressed and then reviewed in April 2015 to evidence improvements.</p> <p>Quarterly and six monthly reviews of the quality assurance process are also under taken by the quality team to provide a further overview to all matters arising and the levels of compliance, this process is shared with the executive board of HCIL.</p>	

<b>Requirement 2</b>  <b>Ref:</b> Regulation 23(1)	<p>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 review.</p> <p>(Minimum standard 8.11)</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the most recent monthly monitoring reports for April, May and June 2015 were found to be compliant with Regulation 23(1) and requirement two.</p>	<p><b>Met</b></p>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 23(1)	<p>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.</p> <p>(Minimum standard 8.12)</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the annual quality survey for 2015 evidenced how all service users had been involved and how all matters raised had been individually addressed and closed off were appropriate. A letter dated July 2015 was issued to all service users showing the outcome of the survey and how HCIL were addressing any matters raised.</p>	<p><b>Met</b></p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 15(4)</p>	<p>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.</p> <p>(Minimum standard 4 and standard 8.10)</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the annual quality report as referenced in requirement three above evidenced the outcome of service user feedback on matters which are not consistently compliant with commissioned care. A log of all matters raised from the annual quality report was reviewed during inspection and evidence how matters had been addressed and closed were possible or managed ongoing. Two matters identified in the annual quality feedback from service users was poor communication from office staff when care staff are delayed for their commissioned call or when a change in care worker occurs. As a result of this feedback HCIL have implemented a client communication log which details all communications with service users/relatives. Review of two such logs during inspection evidenced communication regarding a delayed call and a change in care worker.</p> <p>The quality assurance monthly audit process as referenced in requirement one above details how area manager responsibilities are audited ongoing by the quality supervisor, shared with the management team monthly and addressed on an individual basis with the area manager in question and their line (regional) manager.</p>	<p><b>Met</b></p>
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<b>Requirement 5</b>  <b>Ref:</b> Regulation 21 and Schedule 4	<p>The registering person/registering 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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Implementation of a revised process for collection, auditing and filing daily report sheets took place in April 2015 following the previous inspection. Review of the procedure dated as most recently revised on 19 May 2015, the template for auditing records and samples of three service user audited records evidenced compliance with Regulation 21 and Schedule 4. This process is completed by the individual area managers and then further quality assured through the monthly quality assurance process completed by the quality supervisor as referenced in requirement one above. This in turn feeds into the monthly management meetings.</p>	
<b>Requirement 6</b>  <b>Ref:</b> Regulation 9(1)(a)	<p>The registering person is required to appoint a registered manager in respect of the agency.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Appointment of a registered manager has been completed by HCIL following the previous inspection and is currently awaiting review and sign off by the RQIA inspector.</p>	

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	0
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### 5.3 Additional Areas Examined

#### Recruitment practice

Information provided to RQIA prior to the inspection suggested recruitments practices were not in compliance with Regulation 13 and Schedule 3 in respect of a specific staff member. Review of the staff recruitment record evidenced compliance with Regulation 13 and Schedule 3. The inspector has recommended HCIL to refer the staff member to DBS.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Joanne Murray	<b>Date Completed</b>	12/8/15
<b>Registered Person</b>	Mairead Mackle	<b>Date Approved</b>	12/8/15
<b>RQIA Inspector Assessing Response</b>	A.Jackson	<b>Date Approved</b>	13/08/15

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.