

# Unannounced Care Inspection Report 3 May 2018



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

Type of Service: Domiciliary Care Agency  
Address: Callan House, 51 Hill Street, Milford, BT60 3NZ  
Tel No: 02837511333  
Inspector: Marie McCann  
Clair McConnell User Consultation Officer (UCO)

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a domiciliary care agency which provides a range of personal care to people living in their own homes. Service users have a range of needs including dementia, mental health, physical care needs, learning disability and addictions. The agency currently provides services commissioned by the Southern Health and Social Care Trust and the Northern and Belfast Health and Social Care Trusts (HSC Trusts).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Homecare (NI) Ltd  <b>Responsible Individual(s):</b> Ms Mairead Mackle	<b>Registered Manager:</b> Miss Eleanor Garvey - application received 13 April 2018 - registration pending
<b>Person in charge at the time of inspection:</b> Miss Eleanor Garvey	<b>Date manager registered:</b> As above

### 4.0 Inspection summary

An unannounced inspection took place on 03 May 2018 from 09.30 to 17.10.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction; training; adult safeguarding; risk management; care records; audit; reviews and involvement of service users; governance arrangements and quality improvement.

Areas requiring improvement were identified with respect to reporting to RQIA any incident referred to the PSNI and the recruitment information held by the agency.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Miss Eleanor Garvey, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 February 2018.

## 5.0 How we inspect

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

- previous inspection report dated 29 June 2017
- previous focused inspection report dated 26 February 2018 and quality improvement plan (QIP)
- record of notifiable events from 29 June 2017 to April 2018
- any correspondence received by RQIA since 29 June 2017
- user consultation officer (UCO) report

Prior to the inspection the User Consultation Officer (UCO) spoke with five service users and seven relatives, either in their own home or by telephone, on 30 April and 2 May 2018 to obtain their views of the service. The service users interviewed have received assistance with the following:

- management of medication
- personal care
- meals

The UCO also reviewed the agency's documentation relating to four service users.

During the inspection the inspector spoke with the manager, the responsible individual, the training manager, the human resources administrator and one care staff. Following the inspection the inspector spoke with the employee relations manager.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. The manager reported that in addition to displaying the poster, a copy of the poster would be sent to all staff. No questionnaires were returned.

The following records were examined during the inspection:

- Index of recently employed domiciliary care staff.
- Four staff recruitment and induction records.
- Five service user records regarding referral, assessment, care plan, review and quality monitoring information.
- A sample of monthly quality monitoring reports for October 2017, December 2017, February and March 2018.
- A range of staff rotas.

- Training records.
- Agency process for verifying staff NISCC registration.
- Staff Recruitment Policy, 2016.
- Induction Policy, 2017.
- Safeguarding Policy, 2017.
- Whistleblowing Policy, 2017.
- Equality Policy, 2016.
- Complaints Policy, 2016.
- Incident reporting Policy, 2016.
- The Statement of Purpose and Client Guide, 2015.

Three areas for improvement were identified at the last care inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for one area of improvement and two areas of improvement were carried forward to the next care inspection.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

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

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 26 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (d) <b>Stated:</b> First time	The registered person shall ensure that before making an offer of employment, two satisfactory written references are obtained, one of which is from the applicant's present or most recent employer.  Ref: 6.3	<b>Carried forward to the next care inspection</b>

	<p><b>Action taken as confirmed during the inspection:</b>                  Action required to ensure compliance with this regulation could not be confirmed as part of this inspection. This was due to the short time frame since the previous inspection and no available records as no new staff had been recruited. This will be carried forward to the next care inspection.</p>	
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b>                   Ref: Standard 11.2                   Stated: First time</p>	<p>The registered person shall ensure that all reasonable steps are taken to source two written references for each applicant. Where the previous employer will not provide a written reference and a reference is taken by telephone, a record should be kept of the time and date of the call, the name of the person you are speaking to, and any witness to your conversation.</p> <p>Ref: 6.3</p> <p><b>Action taken as confirmed during the inspection:</b>                  Action required to ensure compliance with this regulation could not be confirmed as part of this inspection. This was due to the short time frame since the previous inspection and no available records. However the agency has developed a record of requesting reference template to monitor that this standard is being met. This will be carried forward to the next care inspection.</p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 2</b>                   Ref: Standard 11                   Stated: First time</p>	<p>The registered person shall ensure that the job application forms are reviewed to ensure that the following question is asked "Have you ever been dismissed from any employment?"</p> <p>Ref: 6.3</p> <p><b>Action taken as confirmed during the inspection:</b>                  The amended application form was available for review at the time of the inspection and was noted to include the question "Have you ever been dismissed from any employment?"</p>	<p><b>Met</b></p>

### 6.3 Inspection findings

#### 6.4 Is care safe?

##### **Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Homecare Independent Living. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Doing a good job."
- "Couldn't do without them."
- "Very thankful for them."

A range of policies and procedures were reviewed relating to staff recruitment and induction. The inspector found these policies to be up to date and compliant with related regulations and standards.

The inspector reviewed a list of all recently recruited care staff currently employed by the agency, four recruitment and induction records were selected by the inspector and reviewed. It was identified in two records that there was no evidence that attempts had been made to obtain a written reference from the previous employer before a telephone request for a reference was made. This was consistent with the findings of the last inspection. In discussions with the manager, it was acknowledged that the recruitment files predated the introduction of a more robust system. This system will aim to ensure that all reasonable steps are taken to source two written references for each applicant, which was implemented following the care inspection on 26 February 2018.

A review of the agency's job application in the sample of files, identified that gaps in employment were discussed with applicants during the interview process, but details were not recorded of the discussion and some applicants were noted to have recorded employment dates by year to year, without giving reference to the month they left or started with an employer. The inspector recommended that the job application is reviewed to ensure a more robust timeline of applicant's previous employment is provided which includes specific dates.

The human resources administrator and manager discussed the processes currently in place to ensure the agency maintains all the pre-employment information and documents as required in compliance with Regulation 13 and Schedule 3.

It was confirmed post inspection that the agency does not maintain “a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform”, as outlined in Schedule 3 of the domiciliary agency regulations. An area for improvement has been made in this regard.

The inspector reviewed the human resources checklist for the four care staff records examined and the human resources administrator advised that the agency now check Access NI certificates on the web portal. The inspector recommended that the check list was amended to include the date the Access NI certificate is checked by the agency. Where applicable the date of receipt of An Garda Siochana Vetting Disclosure Certificates should also be recorded in the human resources checklist. In addition following discussion with the Employee Relations manager post inspection the inspector recommended the human resources checklist was also updated to confirm the statement by the registered provider, or the registered manager that the person is physically and mentally fit for the purposes of the work statement has been completed.

The agency has a dedicated training team, the training manager reported that they are responsible for ensuring all staff receive a full induction and are appropriately trained and competent to meet their three monthly and six monthly probationary reviews and ongoing mandatory training requirements. Discussion with the manager and training manager confirmed that a structured induction process is completed with each staff member lasting at least three days and incorporates the Northern Ireland Social Care Council (NISCC) induction standards. The induction includes a minimum of two days shadowing with experienced colleagues which can be extended as needed depending on the confidence or competency of the care staff. It was positive to note that new staff have a mentor assessment process which includes four assessments completed over a three month period. If during this time, learning needs are identified staff are provided with refresher training. In addition all care staff receive two spot checks per year unless other concerns have been raised which trigger additional monitoring.

The training manager advised that the training team meet monthly to review the agency’s training matrix and identify staff training needs and plan a training schedule. A rolling training programme is in place with a schedule of mandatory training programmes for staff to attend with a number of additional sessions organised for staff that may have missed training. The annual mandatory training programme for 2018 is ongoing from April 2018 to the end of June 2018. The care staff member spoken with on the day of inspection commented that; “there is good training, it’s always good to get updates and refreshers.”

On the day of inspection the training files were not available for the inspector to review as they were with the service managers due to the current programme of mandatory training. Staff are required to attend annual mandatory training, which included moving and handling, financial handling, fire safety, infection control, distressed reactions (challenging behaviour), medication, safeguarding and food hygiene. A sample of staff training information was provided to the inspector following the day of inspection. It was noted that a record of the training received is signed by the trainer and care staff as confirmation it was completed and is maintained in the care staff’s individual training file. It was positive to note that the agency trainers are accredited with City and Guilds to delivery level two and three social care and there is an incentive programme in place to encourage care staff to avail of this training.

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency has implemented a revised policy in line with the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated



Operational Procedures, September 2016. It provides a flowchart of responsibilities and documentation consistent with the regional policy. The care staff member spoken with on the day of inspection was able to clearly describe how to respond to and report a safeguarding concern. Review of a sample of induction records evidenced that staff received safeguarding training and this was revisited at mandatory training updates on a yearly basis. The agency's whistleblowing policy and procedure was found to be satisfactory and provided staff with details of the statutory organisations they could contact if they had any concerns. In addition the agency provided staff with the contact details of a 24 hour whistleblowing service provider, which would feedback to the agency any concerns reported. The inspector recommended that the language of the adult safeguarding policy was reviewed to remove reference to terms such as vulnerable adult in keeping with the language of the regional policy. The manager advised this would be completed following her planned attendance at adult safeguarding training in June 2018.

The inspector discussed a number of safeguarding matters since a care inspection which was conducted on 29 June 2017; discussion with the manager supported appropriate knowledge in addressing matters when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. This included evidence of effective consultation with, the relevant HSC Trust professionals and Police Service of Northern Ireland (PSNI). However it was noted that the agency did not notify RQIA that three adult safeguarding referrals were reported to the PSNI. Discussion with the manager highlighted an inaccurate understanding of current RQIA guidance in respect of statutory notifications. An area of improvement has been made in this regard.

The manager confirmed care services could not be provided to a service user until the necessary information which included referral information and care plan (detailing the care services commissioned), relevant assessments and risk assessments as applicable had been received from the HSC Trusts. The manager provided assurances that any relevant risk assessments for all areas including restrictive practices were assessed and agreed by the HSC trusts in consultation with service users and/or their relatives. The manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was evident during inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding and risk management.

### **Areas for improvement**

Two areas for improvement were identified during the inspection in relation to reporting to RQIA any incident referred to the PSNI and to recruitment information held by the agency.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	0

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping. The service users and relatives interviewed also advised that they had not experienced missed calls or rushed care. Service users advised that they were usually introduced to new carers by a regular carer; but on occasion's new carers have not been introduced or aware of the care required.

No issues regarding communication between the service users, relatives and staff from the agency were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place to obtain their views on the service. Some of the service users and relatives interviewed also confirmed that they had received a questionnaire from the agency.

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

- "Very good service."
- "Couldn't say a bad word."
- "The care's ok but it would be better if the carers were consistent at weekends."

As part of the home visits the UCO reviewed the agency's documentation in relation to four service users. One care plan contained out of date information and two medication logs were not being consistently completed. There were also occasions when the call times had not been recorded in the daily log.

The manager was made aware of the specific feedback from the UCO on the day of inspection to ensure that effective measures could be taken to address issues reported. The responsible person advised that the agency has experienced difficulty recruiting care staff to work at weekends and the arrangements to provide weekend care in some areas is currently under review.

The manager described the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals and the processes in place to manage any concerns regarding effectiveness and quality of care provided. The agency care plans are held centrally in addition to being available within the services users' home within 48 hours following commencement of services. Discussions with the manager confirmed that monthly audits had highlighted that service users don't always have care plans in place within 48 hours, typically when a service user is discharged from hospital over the weekend. All staff had been verbally informed of task before commencement of package. This issue remains under review as part of the agency's internal monthly audits in order to improve compliance.

The agency care plans are developed based on the referral and assessment information received from the HSC Trusts. A review of a sample of service users' records evidenced that care plans were signed by the service user and/or their relatives. The care plans provided details as applicable in relation to service users; desired outcomes, relevant medical history, mobility needs, communication needs, tasks required, access to property, equipment to be

used, social needs, other care providers, routines and preferences and family involvement, relevant life history, spiritual and cultural needs and a summary of risk assessments.

The manager demonstrated the system in place to ensure that any updates as a result of a change in need to a service users care plan which has been requested by the relevant HSC Trust, was updated on the agency's electronic system. The information is cascaded to the relevant care staff, with written information added to the service user's home file. Service user records reviewed during inspection contained evidence of these communications between service users and/or their relatives, the agency and HSC trust staff. Ongoing communications with trust staff formed an integral part of monitoring and review process.

The care staff member spoken with on the day of inspection commented that: "my manager will contact me to let me know if there is any change to a client's care plan or if there are any concerns, I will also contact my manager if I notice any changes or concerns."

Quality monitoring was identified to be undertaken routinely in accordance with the agency's policy through monthly telephone monitoring calls with service users; undertaken by a staff member in supervisory capacity within the agency's quality department. Any concern reported through this monitoring call generates a quality improvement form, which generates an investigation, outcome and monitoring process. In addition service users have initial care reviews and six monthly care reviews. The manager reports that trust keyworkers are invited to attend these review meetings. The sample of service users records examined on the day of inspection evidenced that the monthly telephone monitoring calls and initial and six monthly reviews were undertaken. The system used by the agency automatically generates the need for a monthly monitoring call, initial review and six monthly reviews. In addition any concern raised on an ad hoc basis by a service user, relative or HSC Trust generates a quality improvement form. Each individual quality improvement form is then reviewed and audited by the quality team. The inspector was able to review this system during the inspection and correlate a notification of an incident with details held on the quality improvement form database. This system evidenced when the concern was raised and the agency's completion of an adult safeguarding referral to the HSC Trust and outcomes. The manager advised that this process appeared to prove effective as care staff typically didn't repeat the same practice error.

The manager confirmed that the agency had taken steps to prepare for the General Data Protection Regulation (GDPR). The manager has received training from a number of independent trainers, and has been identified as the information governance lead. In house training has been planned for head office staff and GDPR training is in the process of being implemented into the induction and mandatory training for care staff.

The inspector discussed with the manager how the agency manage staff rotas and ensure service users receive the right care at the right time. The manager advised that the local community manager review rotas four to six weeks in advance and plan staff accordingly. Each Friday community managers complete a projected availability of hours form for the following week and send to the referral manager. Any increase in hours is then communicated and agreed between the referral manager and the community manager. Care staff receive a permanent rota, any change to this rota is confirmed and agreed verbally with the care staff. The care staff member spoken with on the day of inspection commented: "you have a choice of taking on new or additional calls – you are making sure you can do all the calls."

Care staff are required to log onto to the online care portal system which provides details of their individual rota, before each shift and at least twice before the end of the shift.

The care portal allows compliance with this requirement to be monitored as it maintains a record each time the care staff have accessed their individual care portal. The manager advised that the agency is planning to implement a new model of working which will change the responsibility for rota management from the community team to the operations team. The aim is to enable the operations team to monitor and oversee staff rotas and identify any issues within a timelier manner to develop an action plan.

Care staff have a choice to opt out of the 48 hour maximum average working week contract, and it was evidenced in a sample of staff recruitment files reviewed that some staff do. The manager advised that if the agency became aware that care provided to a service user was not of the required standard then action would be taken as noted above. Each community manager is trained to work as a care assistant if needed to support care staff in local areas and staff have access to community managers who are on call every weekend.

The inspector was informed by the manager that the agency has development plans in place for a live monitoring system, which will enable a GPS system contained with a fob carried by care staff to track care staff arriving and leaving a service user's home. The manager anticipates that this live monitoring system will be operational within the next few months.

The manager discussed how the agency endeavours to communicate effectively with staff. The agency; produces a newsletter in which information is shared from meetings; a quarterly meeting is held to provide staff with the opportunity to discuss any issues they have with the agency and six weekly breakfast club team meetings are held. Details of dates and agenda of staff meetings were available for inspection; however a record was not available of the list of attendees and record of discussion. The inspector recommended that this information was maintained. Care staff currently receive information from the agency which is not service user specific via their own private email address, the manager advised that the agency is currently working towards having an intranet for care staff. The agency maintains a record of staff who do not have access to email and information is therefore posted to them.

The agency's Statement of Purpose and Service User Guide issued to service users at commencement of the care package includes details of how to; contact the agency during and outside office hours; make a complaint; request a review of care services; and access advocacy services.

The manager advised the current Statement of Purpose and Service User Guide is under review to update the changes in the agency's organisational structure, the introduction of GDPR and to review the language with respect to adult safeguarding in line with the regional policy. Once completed a copy of the amended version will be forwarded to RQIA. It was positive to note that the Statement of Purpose and Service User Guide was also available in different formats such as larger print or audio on request.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits or phone calls to ensure satisfaction with the care that has been provided by the agency. Examples of some of the comments made by service users or their relatives are listed below:

- “Lovely girls. Couldn’t be better.”
- “Awfully nice girls.”
- “All very good to me. They’re very kind.”

A care staff member spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. The staff member stated “I always ensure the service users are happy and in agreement with any care provided.” The staff member also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy. The manager described the process in place to ensure staff no longer have access to rota information via the agency’s online care portal system, once they have left the agency.

The agency implements service user quality monitoring practise on an ongoing basis as described in the section above, through home visits and telephone contacts. In addition a service user satisfaction survey was sent to all service users in March 2018, with returns back at the end of April, the manager advised the returned information was in the process of being collated and the report is pending. The manager confirmed any areas of concern will be addressed and outcomes recorded and as necessary disseminated for future learning.

It was positive to note that a question on the staff six month probationary review form required staff to consider the impact of equal opportunities in the workplace: “explain what you think equal opportunities means and how will you practice this in your workplace.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The RQIA registration certificate was noted to be up to date and displayed appropriately in the reception area of the agency's premises.

Samples of policies viewed were noted to have been reviewed and up to date in accordance with timescales outlined in the minimum domiciliary agency standards. The manager confirmed that staff had access to full range of policies and procedures on the online care portal system.

The inspector noted evidence of a systematic approach of reviewing information with the aim of improving safety and care provide to service users. This included audits of incidents, accidents, safeguarding referrals, service user monitoring calls, care reviews and spot checks, staff induction, training and staff supervision.

The manager described effective arrangements in place to support staff. Care staff have a monthly one to one meeting with the community manager which provides opportunity for mentoring, giving information updates from the agency and facilitating opportunity to raise any issues or concerns. In addition care staff have two formal supervision sessions a year and an annual appraisal. Competency assessments are also undertaken as necessary. The responsible person and manger discussed the importance the agency placed on staff development, to retain staff and improve service delivery. An employee satisfaction survey is planned to be sent out late May to seek staff feedback. The agency is also introducing incentives for staff with the aim of improving the care received by service users. The care staff member spoken with on the day of inspection commented: "I feel I have good support, you can use the on call number at weekends and at nights if needed."

Monthly quality monitoring reports for the period June 2017 to February 2018 were available for inspection, the report for March 2018 and April 2018 was provided to the inspector following the inspection. A sample of reports were reviewed for October 2017, December 2017, February 2018 and March 2018. The reports evidenced consultation with service users, relatives, staff and the HSC Trusts and a monthly audit of the conduct of the agency. Any actions required were recorded and carried forward to be reviewed the following month. The inspector crossed referenced an issue raised during a monthly monitoring call by a service user in February 2018 and confirmed it had generated the agency's quality improvement form and the issue had been addressed. The inspector recommended that greater detail was required with reference to HSC Trust consultations and service user names should not be used in the reports, the use of a unique identifier for service users was recommended.

The agency's complaints procedure viewed was identified to be in line with regulation and standards. The inspector noted a number of complaints since the last inspection. A review of the records supported appropriate processes in place for complaints management. The care staff member spoken with during the inspection demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner. The manager maintained a link between complaints and the quality improvement form process.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. The manager was able to provide a copy of the agency's equality policy which relates to employees, potential employees and service users and discuss the ways in which staff development and training enables staff to engage with a diverse range of service users that supports equal opportunities.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding
- Advocacy
- Equal care and support
- Individual person centred care
- Individual risk assessment
- Disability awareness

The manager confirmed all staff are registered with NISCC or in the process of registering. The manager described how the agency maintains records of all staff NISCC registration details, an automated system provides an alert that a payment or re-registration is required and this is followed up directly with staff. The manager provided reassurances that staff are not permitted to work if their NISCC registration has lapsed.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Eleanor Garvey, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that before making an offer of employment, two satisfactory written references are obtained, one of which is from the applicant's present or most recent employer.</p> <p>Ref: 6.3</p> <p>Action required to ensure compliance with this regulation could not be confirmed as part of this inspection. This was due to the short time frame since the previous inspection and no available records as no new staff had been recruited. This will be carried forward to the next care inspection.</p>
	<p><b>Response by registered person detailing the actions taken:</b>          HCIL will make every effort to obtain two satisfactory written references, one of which will be from the applicant's present or most recent employer, with at least the dates of employment. After exhausting every option of trying to obtain a written reference for a present or most recent employer, HCIL will then seek to obtain a reference from a previous employer. Every effort will be made to obtain past employment references and these will be documented within the HR file, but if candidates have not worked before or have not worked for a number of years, then two written character references will be obtained.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (d) Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 June 2018</p>	<p>The registered person shall ensure that no domiciliary worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of the matters specified in Schedule 3. Specifically with respect to a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work he is to perform.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>          HCIL have updated HR file to include the following statement ' As Registered Manager/Person of Homecare Independent Living I can confirm that based on the information confirmed to me within this file this person is physically and mentally fit for the purposes of the work he is to perform.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 15 (12)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 May 2017</p>	<p>The registered person shall ensure that RQIA are notified of any incident reported to the police, not later than 24 hours after the registered person –</p> <ul style="list-style-type: none"> <li>(i) has reported the matter to the police; or</li> <li>(ii) is informed that the matter has been reported to the police.</li> </ul> <p>Ref: 6.4</p>
<p><b>Response by registered person detailing the actions taken:</b>                  HCIL will ensure that all incidents reportable to the police will be completed by the HCIL Quality Department and passed to the registered person for notification to RQIA with 24 hours of HCIL being made aware of the incident.</p>	
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (2011)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all reasonable steps are taken to source two written references for each applicant. Where the previous employer will not provide a written reference and a reference is taken by telephone, a record should be kept of the time and date of the call, the name of the person you are speaking to, and any witness to your conversation.</p> <p>Ref: 6.3</p> <p>Action required to ensure compliance with this regulation could not be confirmed as part of this inspection. This was due to the short time frame since the previous inspection and no available records as no new staff had been recruited. However the agency has developed a record of requesting reference template to monitor that this standard is being met. This will be carried forward to the next care inspection.</p>
<p><b>Response by registered person detailing the actions taken:</b>                  When a telephone reference has been obtained, a written record will be kept of the time and date of the call, the name of the person they are speaking to and the call will be recorded for auditing purposes. Witnesses to the conversation is only obtained during training and monitoring.</p>	

*\*Please ensure this document is completed in full and returned via Web Portal\**



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