

Unannounced Care Inspection Report 16 April 2019



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

www.rqia.org.uk

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

Homecare Independent Living is a domiciliary care agency whose registered office is based in Milford. A staff workforce of 481 provides care to 1247 service users in their own homes. Service users have a range of needs including physical disability, learning disability, addictions, dementia and mental health needs. The range of services which are provided include the provision of personal care, practical and social support and sitting services. The services are commissioned by the Belfast Health and Social Care Trust, the Northern Health and Social Care Trust and the Southern Health and Social Care Trust (HSCT's).

3.0 Service details

Organisation/Registered Provider: Homecare (NI) Ltd Responsible Individual: Ms Mairead Mackle	Registered Manager: Ms Joanne Elizabeth Murray
Person in charge at the time of inspection: Head of Quality and Compliance	Date manager registered: 20/03/2019

4.0 Inspection summary

An unannounced inspection took place on 16 April 2019 from 09.40 to 17.10.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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 safe staff recruitment practices, training arrangements, care records and communication between service users and agency staff and other key stakeholders. Further areas of good practice were also noted in relation to the provision of compassionate care, governance arrangements, and management of complaints, quality improvement and maintaining good working relationships.

There was evidence identified throughout the inspection process that the agency promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

No areas for improvement were identified during this inspection.

Service user comments included:

- "Very good service, nice girls."
- "Would have no problem ringing the office if I had a problem."

- “I’m happy with the majority of calls.”
- “The girls are very nice.”
- “Just don’t know how I would do without them.... excellent young women... wonderful ladies.”

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with head of quality and compliance, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 3 May 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 May 2018.

5.0 How we inspect

Prior to the inspection the inspector reviewed the following information:

- unannounced care inspection report and QIP dated 3 May 2018
- incident notifications that had been reported to RQIA since the last care inspection
- information and correspondence received with regards to the agency since the last inspection

During the inspection the inspector met with the head of quality and compliance, the training manager, the current human resources manager and the newly appointed human resources manager who would be assuming this role within the next few weeks. On the day of inspection the inspector chose a random sample of service users to contact to discuss the quality of care provided. The inspector spoke with three service users and one relative. The agency provided the inspector with a list of care staff to contact and telephone contact was made with four staff on the 17 April 2019. Comments are included with the body of the report.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency’s registered premises. The person in charge advised that the agency would email a copy of the poster to all staff to encourage feedback. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; four responses were received.

All four of the staff responses indicated that the staff were either satisfied or very satisfied that care provided to service users was safe, effective and compassionate and that the agency was well led. Staff commented: “I’m happy that I’ve been well trained to provide good care to all my clients and I enjoy going to work every day.”

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. Six responses were received.

All of the responses indicated that they were either satisfied or very satisfied that care provided was safe, effective and compassionate. Service users’ comments included:

- “Very happy with all my carers.”
- “No issues, great service.”
- “It would nice to know when care staff go on holiday who is standing in for them.”

Five of the responses indicated that they were very satisfied that agency was well led, while a sixth respondent was undecided.

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced care inspection dated 3 May 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
Area for improvement 1 Ref: Regulation 13 (d) Stated: 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.	Met
	Action taken as confirmed during the inspection: A sample of four recruitment records were reviewed and evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 13 (d) Schedule 3 Stated: First time	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	Met

	<p>case may be, that the person is physically and mentally fit for the purposes of the work he is to perform.</p>	
	<p>Action taken as confirmed during the inspection: A sample of four recruitment records were reviewed and evidenced that this area for improvement has been met.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (12)(b)</p> <p>Stated: First time</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"> (i) has reported the matter to the police; or (ii) is informed that the matter has been reported to the police. 	Met
	<p>Action taken as confirmed during the inspection: The inspector confirmed in discussion with the person in charge that no such incidents had occurred since the last inspection. Discussions supported that the agency were aware going forward of their responsibility to report such incidents directly to RQIA.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 11.2</p> <p>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>	Met
	<p>Action taken as confirmed during the inspection: Review of a sample of four recruitment records and discussion with the human resources manager evidenced that this process is now embedded into practice.</p>	

6.2 Inspection findings

6.3 Is care safe?

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

The agency's arrangements for ensuring that the service users were safe and protected from harm were inspected.

The agency's staff recruitment processes are managed in conjunction with the organisation's human resources department. Discussion with the person in charge and human resources manager and review of 4 records confirmed that they were knowledgeable in relation to safe recruitment practices and that robust governance systems were in place to support this. They also advised that no care staff would be provided to work until they had completed a period of induction training and a minimum of two day shadowing with experienced staff. A review of four induction records verified that this process had been adhered to.

The agency have systems in place to provide a rolling programme of training which involves an annual training update for care staff including eLearning and practical sessions for manual handling. It was positive to note that the training provided includes an assessment component to confirm staff have understood and can apply training provided into practice. Staff compliance with training is monitored by the agency's training team; systems are also in place to ensure the agency's regional managers are aware of individual care staff training requirements, which assists them to review that staff training needs are met.

Discussion with the agency's training manager evidenced that the agency continue to evaluate and review their training programme. Examples of this were provided in regard to the development of the training programme to include regional changes in terminology for service users who required modified diets, understanding of potential risks to service users who lack capacity and restrictive practice. The training team have also engaged with additional training opportunities available in conjunction with the Northern Ireland Social Care Council (NISCC) in regards to administration of medication and catheter care. The training manager demonstrated a commitment to continuing to review the agency's training programme to develop staff understanding of service users' human rights, equality legislation and management of risk.

Feedback from staff confirmed they felt the training provided was of a good quality and provided them with the knowledge and skills to fulfil the requirements of their job role.

Staff comments included:

- "Training is very good and useful. We receive regular emails and texts to advise us when training is due."
- "Training is very beneficial, we have annual training."
- "The training is really good."
- "I'm doing my level 3 training in dementia care - it's really good, it helps you understand how to support the clients better and recognise signs of dementia."
- "I am doing my level 3 and level 4 health and social care - there are good opportunities for development."

It was good to note that staff provided positive feedback in regard to the agency's training programme.

Discussion with staff confirmed that they have effective access to their rota's via an online system and that rota's are well organised. One staff member commented: "I have been on the same run for a long time and it's very good for the clients and myself; you get to know the clients really well and the clients love that." The person in charge was able to describe contingency arrangements that the agency has in place to minimise the risk of service delivery disruption in the event of unforeseen circumstances, including missed calls. The agency have also introduced an 'Early Warning System' which provides guidance for care staff to look and listen for changes or concerns and report and record; a copy of this guidance is provided in service users' files maintained in their homes. The person in charge confirmed that these initiatives in conjunction with ongoing safeguarding training are heightening staff awareness of their role in keeping service users safe and enabling service users to access appropriate support.

The head of quality and compliance is the agency's Adult Safeguarding Champion and demonstrated appropriate knowledge as to how to address matters if and when they arise. This helps to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. They confirmed that they had attended training recently provided by a HSCT and had effective systems in place to provide the annual safeguarding position report required by March 2020. The inspector reviewed records relating to adult safeguarding referrals since the last inspection which evidenced that suspected, alleged or actual incidents of abuse were promptly referred to the relevant HSCT's. The records confirmed feedback received from staff, which evidenced that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, or concerns regarding poor practice. Discussions with staff demonstrated they were empowered to speak up through the management arrangements to ensure appropriate and timely action is taken if service users' rights are at risk of being breached. Staff commented: "I would know what to do if I had any concerns regarding practice of colleagues, you can access policies online and I ensure I am always up to date with the whistleblowing policy."

The agency maintain a record of all incidents, accidents and concerns raised regarding service delivery, which are audited on a monthly basis and reviewed by the senior management team to ensure appropriate follow up action has been taken. A review of a sample of records evidenced that appropriate management of incidents and follow up actions, including liaison with service users' relatives and the HSCT representatives was undertaken, as appropriate. RQIA are maintaining liaison with the HSCT's and the agency regarding the outcome of specific HSCT's investigations. Evidence noted at inspection confirmed that they agency are maintaining their responsibilities to report and liaise appropriately with the HSCT's. The outcome of the investigations will continue to inform RQIA's regulatory activity with regard to the agency. Staff spoken with provided feedback which evidenced that they had a good understanding of the management of risk, and the importance of reporting any issues to their line manager in a timely manner. Staff commented: "There is always someone you can ring for support during and outside regular office hours."

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to safe staff recruitment practices, and the agency's ability to continue to review and develop their training and induction programme.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection.

The agency provides care as commissioned by the relevant HSCT. The inspector chose a random sample of three service users' care records, which included relevant referral information. The person in charge confirmed that during an introductory visit, service users are provided with the agency's statement of purpose and service user guide, details of how to report a complaint or compliment and contact numbers for during and outside regular office hours. The agency staff discuss with the service user and or their relative, as appropriate, the referral for commissioned services. The care plan which details duration and time of calls, the care to be provided and a risk assessment summary is also completed and agreed upon. The records viewed on the day of inspection evidenced a signed service user agreement confirming that this process had been completed. This process supports service users to have an understanding of risks and promotes their right to agree to or decline care provision to be provided. Care plans were noted to be individualised and evidenced that the agency achieved a balance between promoting service user autonomy and maintaining their safety.

The inspector noted that within one of the HSCT's care plans provided to the agency, the service user's care required the use of restrictive interventions to maintain their safety. The inspector discussed the human rights implications of the restrictive practices being implemented and recommended that in addition to the HSCT care plan, which directs these interventions, the agency should obtain the relevant assessments from the HSCT in regard to these tasks and ensure ongoing liaison with the HSCT, service user and /or representatives as appropriate. This approach will help to ensure that such practices remain in the service user's best interest and are reviewed routinely. The person in charge welcomed this advice and agreed to liaise accordingly with the HSCT regarding this matter.

The agency complete six monthly service user reviews. The sample of records reviewed evidenced no concerns expressed by the service users during the last service user review and they were happy with the service provided. The agency's service user review focuses on the quality of the service provided and the outcomes for service users; questions which are featured within the care review include:

- Do you feel your desired outcomes are being met?
- Are your care staff always respectful, caring and helpful towards you?
- Do your care staff complete the duties to your satisfaction?
- Are your care staff adequately trained to meet your needs?
- Are you happy with the service provided by Homecare?

The statement of purpose and service user guide provides guidance on how to make a complaint and provides details of advocacy services which are available. During the service user review the agency also confirm whether the service user is aware of how to make a complaint and how to avail of advocacy services. This promotes an ethos in which service users' feedback is valuable.

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with the General Data Protection Regulations (GDPR) and the records were organised and clearly indexed. There was a clear system for recording any communications made to or on behalf of service users in a centralised location which provided an accurate and contemporaneous service user record.

Staff discussed the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice. They confirmed they were provided with details of the care planned for each new service user or with any changes to care plans of existing service users. Staff confirmed they had effective access to the management team via telephone including out of hours support. Staff comments included:

- "I receive the information I need to support clients; the file and care plan is always out in the client's home within a day."
- "You are well informed of the client's needs and care plan and there is a care plan in the house ... and community support manager collects daily records every few weeks."
- "I would often go with the community manager to meet with the client for the first visit, this is good for the client to get to know you."

With the exception of one service user, feedback from service users and a relative spoken to on the day of inspection was positive regarding communication with the agency. Feedback was provided to the person in charge who agreed to ensure the agency followed up with the identified service user to ensure any quality issues or complaints were adequately addressed. Feedback was received by RQIA post inspection from the agency that follow up contact had been made with the identified service user and issues satisfactorily resolved.

The inspector noted that the agency's care plan which is completed in consultation with the service users and/or their relative evidenced that service users' communication needs were recorded and where appropriate, communication support plans put in place. Staff commented: "We always review care plans in the client's house; it will inform us of any specific communication needs or anything that we have to implement to support clients with specific communication needs."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and 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
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage with service users in decisions relating to their care and support.

In discussions with staff they identified the need to regularly communicate with service users and were respectful of the fact they were working in service users' homes. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had and also build a rapport with service users while maintaining professional boundaries.

Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent. They recognised that giving and obtaining consent is a process, not a one off event. Staff sign a confidentiality agreement on commencement of employment. They described the value they place on ensuring that service users are supported in an individualised manner in which their preferences and wishes are taken into account. Staff comments included:

- "Maintaining client confidentiality and treating clients with respect and dignity is very much promoted by the company."
- "At meetings, at training and supervision sessions your memory is always being refreshed about ensuring clients are treated with respect and they are encouraged to actively participate."
- "Promoting independence and giving choice is important."
- "It doesn't feel like a job, I love what I do. It is very rewarding being able to help people."

The inspector reviewed the agency's governance arrangements for quality assuring the care provided to service users. The inspector evidenced the system in place to ensure staff undergo spot checks to monitor and review care practices. It was positive to note that compliance with routine and additional staff spot checks which are required following a quality issue being identified is monitored at a senior management level on a monthly basis. A record is maintained of the spot checks in staff personnel records and a sample of records were reviewed on the day of inspection. Within this quality assurance process the agency also assesses the quality of care provided and staff member's interaction with services users/ relatives and colleagues as appropriate with an action plan identified if needed.

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
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

The agency is managed by the registered manager, who is supported in her role by various senior managers as outlined in the organisational structure within the agency's statement of purpose. It was identified that the agency has effective systems of management and governance in place.

The person in charge and staff who met with the inspector on the day of inspection could clearly describe staff roles, responsibilities and lines of accountability. Staff described the process for obtaining support from management if required and the benefit of information they have access to via the agency's I.T. system. Staff comments included:

- "I can get support as needed during office hours and out of hours, no faults at all. They will always ring you back."
- "I have had no troubles with Homecare at all."
- "I have good management support- can pick up the phone to community manager at any time and also out of hours."
- "You have an online handbook and it has all the policies and procedures on it and you can use that to refresh your memory if you need to."
- "The online information is very good."
- "Xxxx (community support manager) is very thorough."
- "The company send you a text to remind you when your NISCC registration is due."
- "I have a new manager xxxx over the last few months and she is great."

The inspector also evidenced systems in place to ensure that staff behaviour and conduct is in accordance with organisational policies and procedures, values and relevant professional standards. This included staff routine spot checks, additional staff spot checks if a quality issue has been identified and records maintained of disciplinary processes.

The inspector discussed the systems in place to ensure staff were registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council. Information regarding registration details and renewal dates are monitored by the agency and since February 2019 the agency had employed a staff member whose job role is to monitor staff compliance with NISCC registration. The person in charge advised that staff were aware that any lapse in their NISCC registration would result in the staff member being unable to work within the agency until their registration was suitably updated.

The inspector reviewed the agency's system for recording and monitoring complaints and it was noted to be robust. This allows for any trends or patterns in relation to complaints to be

identified; this information can then be used to promote improvements in service provision and staff learning.

Monthly quality monitoring reports were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A sample reviewed for January 2019, February 2019 and March 2019 evidenced consultation with service users, relatives, agency staff and HSCCT representatives. The records demonstrated a quality improvement focus and a monthly audit of the conduct of the agency, including an action plan agreed with timescales for completion.

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 agency has not provided access to specific equality and diversity training. However, the importance of this was interwoven within all training and the supervision process.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data provided is used effectively and with individual service user involvement to provide person centred care.

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

- effective communication
- service user involvement
- adult safeguarding
- equity of care and support
- individualised person centred care
- disability awareness

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care