

Unannounced Care Inspection Report 28 June 2016



Homecare (NI) Ltd

Type of service: Domiciliary Care Agency
Address: Callan House, 49 Hill Street, Milford BT60 3NZ
Tel No: 028 3751 1333
Inspector: Rhonda Simms

1.0 Summary

An unannounced inspection of Homecare (NI) Ltd took place on 28 June 2016 from 10.00 to 16.45.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that managers are easily accessible and responsive to issues.

The arrangements to protect service users include a range of appropriate policies including a safeguarding policy which reflects the most up to date regional guidance. Examination of systems of training and supervision indicated that the safety of service users is a primary focus of the agency. Care plans and review arrangements reflect appropriate risk management.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective delivery of care in response to the assessed needs of service users. Service users and/or their representatives are involved in the review of care plans and evaluation of the service provided to them. The agency maintains effective communication with service users, relatives and key stakeholders, including the HSC Trust.

The quality monitoring arrangements include consultations with service users, their representatives, and the HSC Trust, and provide a thorough system of audit and service improvement. The inspectors received feedback from service users, relatives, and staff which indicated that service provision had resulted in positive outcomes for service users.

Is care compassionate?

During the inspection the inspector found indications that the agency was delivering compassionate care.

The inspector found evidence of consistently applied methods of obtaining and responding to the views of service users and their relatives. It was noted that improvements in communication with service users have been developed and maintained, including regular personal contact of the responsible person with service users.

Service users provided feedback of positive outcomes through delivery of compassionate care.

Is the service well led?

During the inspection competent delivery of a well led service was found to have contributed to positive outcomes achieved with service users. Management and governance systems have been effectively implemented at the agency to ensure that the needs of service users are met and quality improvement systems are maintained. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with the Chief Operating Officer, the Quality and Training Manager, and a regional manager as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organization/registered provider: Homecare (NI) Ltd Mairead Mackle	Registered manager: Ms Joanne Murray
Person in charge of the agency at the time of inspection: Ms Joanne Murray	Date manager registered: 10 August 2015

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents

- Correspondence with RQIA
- User Consultation Officer (UCO) report
- Records of complaints notified to the agency.

Prior to the inspection the UCO spoke with six service users and eight relatives, either in their own home or by telephone, between 16 and 23 June 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

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

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

During the inspection the inspector spoke with the Chief Operating Officer, the Quality and Training Manager, a regional manager, a quality supervisor, and four care assistants.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; one was returned. At the request of the inspector, questionnaires were distributed for completion by service users' representatives; three were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- Recruitment Policy 2016
- Staff files including pre-employment checklists
- Training and induction programme
- Staff Assessment and Appraisal Policy 2016
- Process for the management of mandatory training 2016
- Staff meeting records
- Staff newsletter
- Staff training records
- Records relating to staff supervision
- Records relating to staff management and discipline
- Records of audits of supervision, training, service user reviews and record keeping
- Complaints records
- Incident records
- Records relating to safeguarding of adults including referrals and management plans
- Records of incidents reportable to RQIA
- Induction records
- Staff rotas
- A range of care and support plans
- A range of HSC Trust assessments of needs and risk assessments
- A range of care review records
- A range of examples of records kept by staff
- Monthly quality monitoring reports
- Quality improvement forms

- Minutes of monthly improvement meetings
- Safeguarding Vulnerable Adults Policy 2016
- Reporting Serious and Adverse Incidents Policy 2016
- Policy relating to confidentiality 2016
- Whistleblowing Policy 2015
- Complaints and Feedback Policy 2016
- Statement of Purpose and Client Guide 2015.

4.0 The inspection

Homecare (NI) Ltd is a domiciliary care agency which provides personal care services to around 1400 service users in their own homes.

4.1 Review of requirements and recommendations from the last care inspection dated 5 January 2016

No requirements or recommendations were made from the last care inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process. The inspector examined a range of staff files which showed that appropriate pre-employment checks had taken place.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Managers who took part in the inspection described the processes operated by the agency to ensure that adequate numbers of staff are available at all times, including short notice arrangements. The inspector received feedback from managers which indicated that the agency endeavours where possible to provide the consistency of familiar staff to service users. Care assistants described a system whereby care is usually provided by familiar care staff, and new staff are introduced to service users.

Feedback obtained by the UCO indicated that new carers had been introduced to a service user by a regular member of staff; however concerns were raised by a number of service users and relatives regarding lack of consistent carers. The inspector was provided with evidence of the agency's management response to address consistency issues.

It was noted that the agency has an induction policy and induction programme which includes a three day assessed mandatory training course, a period shadowing experienced staff, a three month period of mentoring, and the completion of four assessments of direct care to service users by a manager. The views of service users are included in practice assessments. During a six month probationary period staff are expected to complete the NISCC induction workbook. The inspector received feedback from staff which indicated that the induction period prepared them for their roles and responsibilities within the organisation.

The quality and training manager described the management of training maintained by the agency, which includes an electronic database and monthly audits of attendance.

The arrangements to ensure that all staff attends mandatory training include the development of procedures in the management of mandatory training (2016). The quality and training manager provided evidence of the content of mandatory training, and described additional specialist training including the areas of dementia and Parkinson's disease.

Staff who provided feedback to the inspector were very clear regarding their responsibility to attend mandatory training and described the motto enforced by managers 'If you don't train, you don't work'. Staff commented that training 'is good' and 'it refreshes you, things change'.

The UCO stated that no issues regarding the carers' training were raised by the service users or relatives; examples of care given included manual handling, use of equipment and management of medication.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff assessments of direct care to service users are completed every six months; records included a detailed checklist of requirements, self-assessment and service user feedback. The inspector saw evidence of the formulation and completion of improvement plans where necessary, including further direct practice assessment of staff. The inspector examined records of annual staff appraisals satisfactorily maintained.

Staff provided feedback to the inspector that practice assessments by their manager could take place on any day or at any time, and were 'random'. Staff were aware that all aspects of their behaviour, practice, and adherence to uniform policy were being assessed. The inspector was advised by staff that any issues identified during assessed would be addressed immediately and a further assessment completed. Feedback received by the inspector indicated that practice assessments are regarded as positive learning experiences by staff.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed policy maintained by the agency in relation to the safeguarding of adults which has been amended to include the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The quality training manager has been appointed as safeguarding champion. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. Staff who provided feedback during the inspection had retained information taught in safeguarding training to 'report all issues, even if it seems small', 'report to the office straight away', and 'report and record'. In relation to using equipment safely staff stated, 'if equipment is faulty, you don't use it, you report to the office'. Staff provided examples to the inspector where managers had responded quickly to safeguarding concerns and liaised appropriately with the HSC Trust and other relevant agencies.

The quality and training manager discussed a number of safeguarding referrals and provided evidence of appropriate liaison with the HSC Trust and implementation of agreed management plans. It was noted that the agency's systems of recording, including the use of a 'quality improvement form' indicated a thorough response and maintenance of appropriately detailed records.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The inspector noted that HSC Trust referrals include relevant risk assessments and indications of care needs which the agency formulated into a care plan. Detailed records of the agency's system of six monthly reviews, in which the HSC Trust are invited to participate, were reviewed by the inspector. Staff feedback indicated that changes in the needs of service users are reported to their manager who will arrange a review with the service user, their family and the HSC Trust as necessary. The inspector examined examples of review records where changes in need were indicated and the care plan updated accordingly.

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Homecare (NI) Ltd. Service users informed the UCO of two issues in regards to rushed care and safeguarding which had not been reported to the agency. These issues were discussed during the inspection with the quality and training manager and a regional manager; the inspector was assured of an appropriate and timely agency response.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response. The quality and training manager discussed examples of management of staff performance and provided evidence of a thoroughly documented management response.

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:

- "There have been a lot of new carers recently; I would prefer better consistency."
- "Couldn't say anything bad."
- "The office staff sort any problems I have."

Areas for improvement

No areas for improvement were identified as a result of this inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Client Guide (2015).

The inspector reviewed a range of service users' care plans which reflected the HSC Trust assessment of need and included the views of the service user. Records indicated regular evaluation and review of care plans, including involvement as appropriate with service users, relatives and the HSC Trust. A regional manager discussed the system of auditing maintained to ensure that service users' reviews are held within a specified time period.

The UCO asked service users and relatives about the effectiveness of care delivered by the agency. The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency.

Service users advised that they were usually introduced to new carers by a regular carer; however concerns were raised regarding lack of consistent carers. It was also confirmed that new carers are usually informed of the care required.

As part of home visits to service users, the UCO reviewed the agency's documentation in relation to six service users and variation in call times and some short calls were noted for one service user. These issues were discussed with the quality and training manager and regional manager by the inspector.

The inspector was informed of a range of processes maintained by the agency to assess the effectiveness of care delivered by the agency. The inspector examined records of audits of calls, including monthly analysis of missed calls. It was evident to the inspector that quality issues are identified and addressed by the agency at senior management level on a planned monthly basis. Staff and managers discussed the agency's performance of spot checks and audit on a range of issues including timing of calls, records maintained, and performance of care staff. The inspection examined results of the service user evaluation survey and report which set out how the agency will address issues, including consistency.

The inspector examined records of monthly quality monitoring developed and maintained to oversee, audit and review the effectiveness and quality of care delivered to service users. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. It was noted that communication with service users and relatives are invited routinely through review, monthly monitoring, and assessments of staff. On an annual basis the agency carries out a service user evaluation survey and holds carer events. Discussions with service users and relatives indicated that they can communicate with staff and are confident that they will be responded to appropriately.

No issues regarding communication between the service users, relatives and staff from Homecare (NI) Ltd were raised with the UCO. The service users and relatives who spoke with the UCO advised that home visits and phone calls have taken place on a regular basis. Some of the service users and relatives confirmed that they had received a questionnaire from the agency to obtain their views on the service. All of the service users and relatives interviewed by the UCO confirmed that they had been involved in HSC Trust reviews regarding the care package.

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

- 'They're great. No complaints.'
- 'Very happy with the service.'
- 'Very reliable; never let us down.'

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust and understands when to refer to or consult with appropriate professionals; this is particularly relevant to safeguarding issues and changes in the needs of service users.

Staff provided positive feedback regarding the engagement of agency managers with staff which includes a quarterly newsletter, regular staff meetings, an employee task force, and a reward and recognition of good practice scheme.

Areas for improvement

No areas for improvement were identified as a result of this inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.4 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to involve service users/their representatives in decisions affecting their care.

The inspector examined evidence of a range of systems in place to ascertain and respond to the views of service users and their relatives. The routine involvement of service users was evident in care plans and review records seen by the inspector. It was noted that the views of service users are sought by managers performing practice assessments and spot checks on care provided by staff. The agency maintains a communication log of all service user/relatives' contacts with the agency office, including the agency response.

The agency has sought to improve service user consultation by developing systems including area client focus groups, and monthly telephone reviews which are undertaken by the quality team. The inspector saw results of the service user evaluation survey which recorded high levels of satisfaction with services provided. The results of the survey were shared with service users through a report, which clearly highlighted the steps the agency was undertaking to address issues in service provision.

It was noted that the monthly quality monitoring reports completed in accordance with RQIA guidance contain extensive feedback from service users and relatives, including feedback sought by the responsible person on a monthly basis.

The majority 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; however one service user felt that care can be 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, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Homecare (NI) Ltd. Examples of some of the comments made by service users or their relatives are listed below:

- 'The carer and XXX get on so well together; XXX looks forward to the sits.'
- 'Lovely girls.'

- ‘Never talk about other clients which I like.’
- ‘Some of the carers are extremely compassionate, going the extra mile.’

Areas for improvement

No areas for improvement were identified as a result of this inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. The inspector found evidence of robust systems of management and governance consistently applied by the agency.

The management structure of the agency is clearly defined and was well understood by staff. Staff provided positive feedback about the roles of managers in ensuring the delivery of a quality service and responding appropriately to issues. This feedback was supported by a range of thoroughly completed documentation which record actions taken by managers to improve the quality of service delivered. The agency has robust systems of staff performance management and can show how these have been applied in accordance with policy. The inspector found that the care practice of agency staff is routinely assessed in a manner which constructively addresses issues and is positively received by staff.

Feedback to the inspector indicated that staff feel valued and know that their voices will be heard and considered. The agency has developed a range of methods to include staff of all levels in improving quality of service provided by the agency.

The staff newsletter, employee task force, and reward and recognition scheme seem to have been well received by staff and motivate continuing quality of service. The views of service users directly contribute to the recognition and reward of good practice by care staff.

The UCO found that 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.

Service user comments:

- ‘The service is very well administered. I have no complaints with the treatment I am receiving.’

The inspector saw evidence of the development and maintenance of effective systems of information gathering with service users and relatives including communication logs of all contact with the office, monthly telephone interviews carried out by the quality team, monthly quality monitoring, client focus groups, and an annual service user evaluation survey and report.

There was robust evidence of a systematic approach by managers to reviewing all information received from service users, relatives, and staff, and responding to improve the quality of service delivered. The agency’s governance of risk includes appropriate policies and

procedures, regular audit of adverse incidents including safeguarding incidents, incidents notifiable to RQIA, and complaints.

The agency operates a robust training system and it is well understood by staff that they must complete training in order to continue working for the agency. The management of staff performance includes regular supervision, direct observation of practice and annual appraisal.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures, staff rotas, and communication are maintained on an electronic system accessible to all staff through a web portal which can be accessed on personal electronic devices.

The agency maintains and implements policy relating to feedback including complaints. The inspector sampled records of complaints received during the reporting period of 1 April 2015 to 31 March 2016 which indicated that complaints were addressed in accordance with agency procedures.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal consultation with managers, both inside and outside of normal working hours. Staff that provided feedback to the inspectors were informed of their responsibilities and understood their roles. The agency has developed a number of mottos which were well known to staff who provided feedback and concisely express expectations of the agency, for example, 'report and record (concerns)', and 'you don't train, you don't work'.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families.

Areas for improvement

No areas for improvement were identified as a result of this inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews