

# Announced Care Inspection Report 1 December 2018



## Hollygate Homecare

**Type of Service: Domiciliary Care Agency**  
**Address: 7 The Square, Clough, BT30 8RB**  
**Tel No: 02844811672**  
**Inspector: Joanne Faulkner**

[www.rqia.org.uk](http://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**

Hollygate Homecare is a supported living type domiciliary care agency, located in Clough. The agency’s aim is to provide care and support which includes supporting service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

Staff provide care and support to the three adults who reside in a two storey house; the service users have individual bedrooms and shared kitchen, lounge and bathroom facilities.

### 3.0 Service details

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>Hollygate Homecare<br><br><b>Responsible Individual:</b><br>Ian George Emerson | <b>Registered Manager:</b><br>Deirdre Burns   |
| <b>Person in charge at the time of inspection:</b><br>Support worker   | <b>Date manager registered:</b><br>24/07/2009 |

### 4.0 Inspection summary

An announced inspection took place on 1 December 2018 from 10.30 to 15.30.

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:

- Effective engagement with service users and relevant stakeholders
- Staff supervision and appraisal
- Provision of care in an individualised manner
- Supporting service users to develop new skills
- Promotion of independence
- Quality monitoring process

No areas for improvement were identified during the inspection.

The comments of service users and staff have been included within the report.

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.

The inspector would like to thank the manager, the person in charge, service users and staff for their support and co-operation throughout the inspection process.

### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 0         |

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

One area for improvement detailed in the previous QIP was assessed as not met and will be stated for a second time.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 22 June 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 June 2017.

#### **5.0 How we inspect**

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

- previous inspection report and QIP
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the person in charge and registered manager
- examination of records
- consultation with staff and service users
- evaluation and feedback

During the inspection the inspector met with the manager, two service users and one staff member.

The following records were viewed during the inspection:

- service users' care records
- risk assessments
- monthly quality monitoring reports
- minutes of service user meetings
- minutes of staff meetings
- staff induction records
- staff training records
- records relating to staff supervision and appraisal
- complaints records
- incident records
- records relating to adult safeguarding
- staff rota information
- Statement of Purpose

- Service User Guide

A number of policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by the three service users and /or relatives; all questionnaires were returned to RQIA. Responses received indicated that service users were very satisfied that care provided was safe, effective and compassionate and that the service was well led.

At the request of the inspector, the manager was asked to display a poster within the agency’s office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that the manager display ‘Have we missed you’ card within the premises; no responses were received prior to the issue of this report.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

Three of the areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met; one area was assessed as not met and will be stated for a second time.

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 22 June 2017**

The most recent inspection of the agency was an announced 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 22 June 2017**

| 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><br>Ref: Regulation 13.(d)<br>Schedule 3                                       | The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-<br>(d) full and satisfactory information is available in relation to him in respect of each of the | <b>Met</b>               |

|  |   |                                 |
|--|---|---------------------------------|
| <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>22 August 2017</p>  | <p>matters specified in Schedule 3.</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The inspector viewed information which evidenced that indicated that no domiciliary care worker is supplied by the agency unless all information as required by Regulation 13 is on place.</p>   |                                 |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 17.-(2)<br/>(b)(c)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>22 August 2017</p> | <p>The registered person shall ensure that the handbook prepared in accordance with paragraph (1) shall include a statement as to-</p> <p>(b) the role and responsibilities of domiciliary care workers and other staff;</p> <p>(c) record keeping requirements;</p> <p>(d) recruitment procedures;</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The inspector viewed the agency's staff Handbook, January 2017 and noted that it had not been updated to include information as detailed above. This will be stated for a second time.</p> | <b>Not met</b>                  |
| <p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>  |   | <b>Validation of compliance</b> |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 2.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>22 August 2017</p>                     | <p>The registered person shall ensure that the name of the agency is accurately reflected in the agency's service user's guide.</p> <p>Ref: 6.5</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The inspector noted that the name of the agency is accurately reflected in the agency's service user's guide.</p>  | <b>Met</b>                      |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.11</p> <p><b>Stated:</b> First time</p>   | <p>The registered person shall ensure that the agency's monthly quality monitoring report contains an action plan.</p> <p>Ref: 6.5</p>  | <b>Met</b>                      |

|  |  |  |
|--|--|--|
| <b>To be completed by:</b><br>22 August 2017 | <b>Action taken as confirmed during the inspection:</b><br>The inspector viewed a number of the agency's quality monitoring reports and noted that an action plan is included. |  |
|--|--|--|

### 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 inspector reviewed the agency's systems to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The agency's recruitment policy details the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The manager stated that staff are not provided for work prior to the completion of pre-employment checks and induction.

Immediately following the inspection the registered manager provided a written assurance that the agency has now developed a process whereby a statement by the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3 has been completed for all staff. The manager confirmed that this information was in place for all staff.

It was identified that no new staff have been employed since the previous inspection. It was identified that staff are required to complete initial induction and to shadow other staff employed by the agency at the commencement of employment. The agency retains details of induction provided. Staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The manager stated that only staff familiar with the needs of the service users are provided to deliver care and support. It was identified that the agency are not currently accessing staff from another domiciliary care agency.

Discussions with the manager, staff and service users demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of the service users. The agency's staff rota information was viewed and reflected staffing levels as described by the manager.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The agency retains a record of staff supervision and appraisal; records reviewed relating to four staff indicated that they had received supervision and appraisal in accordance with the agency's policies. The inspector noted that correction fluid had been used on one record viewed. The inspector discussed with the manager the importance of good record keeping and was provided with assurances that this would be discussed with staff and the practice ceased.

The agency has a system for recording training completed by staff; records viewed indicated that staff had received appropriate training. The manager could describe the procedure for identifying and ensuring that training updates are completed as required. It was identified that staff are required to complete training in a range of mandatory areas and in addition a range of training specific to the individual needs of service users.

The agency has a process for managing staff registration status with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that the registration status of staff is monitored monthly; the manager stated that staff would not be supplied for work if they are not appropriately registered. Staff were aware of their responsibility for ensuring that they remain appropriately registered; records viewed indicated that all staff were appropriately registered.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The registered manager has been identified as the Adult Safeguarding Champion (ASC) for the organisation.

Staff could describe the process for reporting adult safeguarding concerns. Training records viewed provided evidence that staff had received safeguarding adults training. It was noted that staff are required to complete safeguarding training during their induction programme and annual updates thereafter. Service users knew how to raise concerns in relation to their safety or the care they received.

The inspector viewed the agency's records maintained in relation to safeguarding adults. Discussions with the manager evidenced that the agency has a process for recording details of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager evidenced that no referrals had been made by the agency since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The inspector viewed a range of risk assessments in place relating to individual service users. It was noted that prior to receiving care the agency receives a range of assessments. It was noted that service users are supported to participate in the development of their individual care and support plans and in annual reviews involving their HSCT community keyworkers and other members of the multi-disciplinary team if necessary. Staff record daily the care and support provided to service users and a quarterly summary report is developed.

The agency's office is located within the adjacent residential home operated by the organisation; the office accommodation is suitable for the operation of the agency as described in the Statement of Purpose.

## **Comments received during inspection.**

### **Service users' comments**

- "This is a lovely place; I'm really happy."
- "I have no worries."
- "I love getting out to shop."



**Staff comments**

- “I am very happy working here; I feel supported in my job.”
- “The service users are safe and well cared for.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff, supervision, appraisal, and adult protection processes.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 Is care effective?**

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

The inspector reviewed the agency’s arrangements for responding to, assessing and appropriately meeting the needs of service users. It was noted that details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s record keeping policy outlines the process for the creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be well maintained and retained securely in accordance with legislation, standards and the organisational policy.

Discussions with the manager, staff and service users provided evidence that service users are supported by staff to be involved in their individual risk assessment and care planning processes. It was noted that risk assessments and care plans are reviewed annually or as required.

The agency has processes for monitoring, auditing and reviewing the effectiveness and quality of care provided to service users; it includes monthly quality monitoring visits by the registered person.

The quality monitoring reports viewed indicated that the process supports the agency in identifying areas for improvement; an action plan is developed. It was noted from reports viewed that the comments of service users, staff, and where appropriate service user representatives were included. The reports included details of the review of complaints, accidents and incidents; including those reportable to RQIA. In addition safeguarding matters, and staffing arrangements are reviewed as part of the process.

**Comments recorded on quality monitoring reports**

**Service users’ comments**

- “They are good to us.”

The agency’s systems to promote effective communication between service users, staff, relatives and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate respectfully and effectively with service users. Service users were noted to move about their home in a relaxed manner.

The agency’s Service User Handbook includes details of information relating to advocacy services that service users can access if required.

The manager could describe the methods used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates quarterly service user meetings; service users who spoke to the inspector stated that they are supported and encouraged by staff to express their views and wishes at any time. Service users meet weekly to agree a menu plan and discuss any issues or concerns they have.

Staff are required to attend bi-monthly staff meetings, participate in weekly group clinical supervision facilitated by a psychologist and a weekly staff meeting; this provides staff with the opportunity to discuss areas of concern in relation the care and support being provided.

**Comments received during inspection.**

**Service users’ comments**

- “I am very happy; the staff are great.”
- “I move in a few months ago; it is the best move I made.”
- “I am really happy living here; I can do what I want.”

**Staff comments**

- “I like to get the service users out and about.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s engagement with service users and other relevant 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.**

During the inspection the inspector assessed the agency's ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Staff indicated that they had a good understanding of the need to provide care and support to services users in an individualised manner. Discussions with service users and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Care records and minutes of service user meetings viewed contained information in relation to the individual needs, choices and preferences of service users.

Discussions with the manager, staff and service users and observations made indicated that care and support is provided in a person centred manner. The inspector observed staff supporting service users to make decisions relating to their care, support and individual daily routines; it was positive to note that service users make choices about their everyday lives. On the day of inspection service users were preparing to go Christmas shopping.

The inspector discussed with the manager the arrangements in place relating to the equality of opportunity for service users and the importance of and awareness of equality legislation, whilst identifying and responding to the diverse needs of individual service users, in a safe, effective and compassionate manner. It was noted that service users had been provided with information relating to the agency's complaints process.

Observations made and discussions with the service users and staff highlighted evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user choice
- individualised risk assessment processes
- equity of provision of care and support
- provision of care in a person centred manner

Records viewed by the inspector provided evidence that the agency has systems for recording comments made by service users and where appropriate their representatives. Records of weekly service user meetings, quality monitoring reports and care review meetings included evidence of engagement with service users and where appropriate relevant stakeholders.

Engagement with service users is maintained through the agency's service user meetings, complaints process and care review meetings. The inspector observed service users being encouraged to make choices regarding their daily routines and activities. Service users were supported by staff to be as independent as possible and to carry out their daily activities with the least support required. Staff described ways in which they support service users to develop new skills within their home environment and in the community setting.

## **Comments received during inspection.**

### **Service users' comments**

- "The staff are great."
- "The staff are really good to us."

- “Staff do everything for me.”
- “I speak to XXXX if I am not happy.”

**Staff comments**

- “Service users can do what they want.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care to meet the diverse needs of service users and the effective engagement with service users and where appropriate other relevant 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         |

**6.7 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.**

The inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users.

The agency is managed on a day to day basis by the manager supported by a team of support workers. The staff member and service users who spoke to the inspector indicated that the manager is approachable and supportive and could describe the process for obtaining support including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; they are retained in a paper format and retained in the agency’s office. Policies and procedures viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards. The inspector discussed with the manager the need to update records to reflect the updated contact number for RQIA.

The agency’s complaints policy details the processes for managing complaints. Staff had a clear understanding of the actions to be taken in the event of a complaint being received. Service users who spoke to the inspector knew how to raise concerns.

The agency maintains a record of complaints received, actions taken and outcomes of investigation are clearly recorded. It was identified from records viewed that one complaint received since the previous inspection had been managed in accordance with the agency’s policy and procedures.

The agency retains details of accidents, the actions taken and outcomes; records are reviewed monthly by the person completing the monthly quality monitoring visit. Incidents were reported to RQIA as required.

The agency has processes for monitoring the quality of the service; these include arrangements for the monthly review and audit of incidents, accidents, safeguarding referrals and complaints.

There was evidence of ongoing collaborative working with relevant stakeholders, including HSCT representatives and relatives as appropriate. The inspector viewed evidence which indicated appropriate staff recruitment, induction, supervision and appraisal. Staff demonstrated that they had a clear understanding of the responsibilities of their job roles.

The organisational and management structure of the agency and lines of accountability are outlined in the Statement of Purpose. Following the inspection the agency’s statement of purpose and service user guide were reviewed and updated.

On the date of inspection the RQIA certificate was displayed appropriately.

**Comments received during inspection.**

**Service user comments**

- “The manager is great; she is good to us.”

**Staff comments**

- “I can speak to the manager if worried.”
- “Supervision and appraisal are good.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the effective management of complaints, accidents and incidents and liaison with HSCT representatives.

**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 the registered 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.

| <b>Quality Improvement Plan</b>  |   |
|--|---|
| <b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>   |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 17.-(2) (b)(c)(d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 January 2019</p> | <p>The registered person shall ensure that the handbook prepared in accordance with paragraph (1) shall include a statement as to-</p> <p>(b) the role and responsibilities of domiciliary care workers and other staff;</p> <p>(c) record keeping requirements;</p> <p>(d) recruitment procedures;</p> |
|  | <p><b>Response by registered person detailing the actions taken:</b> the handbook has been updated to include role of support worker , recruitment procedure and record keeping requirements. on 14<sup>th</sup> January 2019.</p>  |

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



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