

Announced Care Inspection Report 22 June 2017



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

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

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.

The agency’s staff provide care and support to the three adults who reside in a two storey house; the service users have individual bedrooms and a shared kitchen, lounge and bathroom.

3.0 Service details

Registered organization/registered provider: Hollygate Homecare/Ian Emerson & Craig Emerson	Registered manager: Deirdre Burns
Person in charge of the agency at the time of inspection: Deirdre Burns	Date manager registered: 24 July 2009

4.0 Inspection summary

An announced inspection took place on 22 June 2017 from 10.00 to 16.00.

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 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 recruitment;
- Service user engagement.

Areas requiring improvement were identified in relation to information retained in respect of staff; the quality monitoring process; the agency's staff handbook and the service user's guide.

Service users said:

The comments of service users have been included in the relevant report sections.

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 registered manager, service users and agency staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

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.

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

4.2 Action/enforcement taken following the most recent care inspection dated 15 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 July 2016.

5.0 How we inspect

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

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

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

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

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy

- Whistleblowing Policy
- Assessment, Care Planning and Review Policy
- Record Management Policy
- Safeguarding Vulnerable Adults Policy
- Observation, Recording and Reporting Policy
- Equality Policy
- Communication Policy
- Confidentiality Policy
- Complaints Policy
- Statement of Purpose
- Service User Guide

Questionnaires were provided by the inspector for completion during the inspection by staff and service users; one service user and three staff questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection 15 July 2016

The most recent inspection of the domiciliary care 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 15 July 2016

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
Requirement 1 Ref: Regulation 17 (2)(e)	The registered person must ensure that the agency’s staff handbook is reviewed and updated to include a statement as to-	Met

Stated: First time	(e) training and development requirements and opportunities.	
	Action taken as confirmed during the inspection: The inspector viewed the agency's employee handbook, 2017 and noted that it included details of staff training and development requirements and opportunities.	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Recommendation 1 Ref: Standard 9.1 Stated: First time	It is recommended that policies and procedures as identified in Appendix 1 are in place and In accordance with statutory requirements. This recommendation relates specifically to the agency's Induction policy which needs to clearly detail the length of induction and in addition the agency's Training Policy which needs to detail minimum training required to be completed by staff and the frequency of updates.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the agency's induction policy and noted that it had been updated to include details of the length of induction. The agency's training policy was noted to include details of training required by staff and frequency of updates.	
Recommendation 2 Ref: Standard 15. 3 Stated: First time	It is recommended that the agency's complaints procedure includes timescales involved in making a complaint.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the agency's complaints policy dated, May 2017 and noted that it contained timescales in relation to managing complaints.	

Recommendation 3 Ref: Standard 8.7 Stated: First time	It is recommended that the statement of purpose is kept under review.	Met
	This recommendation relates specifically to the name of the agency being recorded accurately within the statement of purpose.	
	Action taken as confirmed during the inspection: The inspector noted that the current Statement of Purpose accurately record the name of the agency.	

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed that agency’s processes in place to avoid and prevent harm to service users this included a review of staffing arrangements in place within the agency.

The agency’s recruitment policy outlines the processes for ensuring that required staff pre-employment checks are completed prior to commencement of employment and in accordance with the regulations and minimum standards. The inspector viewed a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence that pre-employment checks had been completed.

Documentation viewed by the inspector during the inspection indicated that there are recruitment systems in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed. The inspector noted that the agency did not retain a record of staff’s next of kin details.

The agency’s induction policy outlines the induction programme lasting at least three days in accordance with timescales as required within the Domiciliary Care Agency Regulations. The manager stated that staff are required to complete their induction during the initial three days of employment. A record of the induction provided to staff is maintained and in addition it was noted that staff are required to shadow other staff employed by the agency during their induction programme. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles.

The registered manager stated that relief staff are not accessed from another agency; the registered manager could describe the process for ensuring that all staff provided have the knowledge and skills to fulfil the requirements of the job role.

The registered manager could describe the process for ensuring that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users.

The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager; it was noted that levels of staff can fluctuate to meet the individual needs of the service users. Service users and staff who spoke to the inspector felt that there was enough staff to meet their needs.

The agency's supervision and appraisal policy outlines the timescales and processes to be followed.

The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff had been provided with supervision and appraisal in accordance with the agency's policy. Staff who spoke to the inspector made positive comments in relation to the supervision and appraisal received.

The agency's training and development policy details the types of training that staff are required to complete and timescales for training updates. The agency has a system for recording staff training; the registered manager could describe the process for identifying and highlighting training needs.

Staff who spoke to the inspector were aware of their responsibility for ensuring that they had the skills and knowledge to fulfil their job roles and for ensuring that required training updates are completed. The inspector noted that staff were required to complete required mandatory training. The registered manager stated that the agency is in the process of introducing E learning training.

The inspector viewed that agency's staff training records; they indicated that staff had completed relevant mandatory training. Staff stated that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector reviewed the agency's staff handbook and noted that it did not contain information relating to the roles and responsibilities of staff; record keeping requirements and recruitment procedures.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the agency has updated their policy and procedures to reflect information contained within the policy. The registered manager could describe the agency's plans to provide information sessions for all staff in relation to the updated procedures during the annual training update.

The registered manager has been identified as the Adult Safeguarding Champion (ASC); the agency's policy outlines the role of the ASC and their key areas of responsibility. It was noted that the agency's policy and procedures clearly outline the process for staff in reporting concerns.

Discussions with the manager and staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns; in addition staff had

knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training annually. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager and records viewed it was identified that the agency has a process for retaining a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has made no referrals in relation to allegations of abuse since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's referral policy outlines that risk assessments and management plans are required to be completed in conjunction with service users and where appropriate their representatives.

The registered manager stated that service users are supported to participate in an annual review involving their HSCT keyworker if appropriate and that care and support plans are reviewed annually or as required. The inspector viewed a range of risk assessments in place relating to individual service users.

The agency's registered premises are located in a separate building from the service users' accommodation; the premises include an office suitable for the operation of the agency as described in the Statement of Purpose

One service user and three staff questionnaires were returned to RQIA; responses received indicated that both staff and service user were satisfied that care provided was safe.

Service users' comments

- 'Staff are very good; they are good to us here.'
- 'I out with XXXX; we go for chips.'
- 'I am very happy here.'
- 'We are safe; the staff keep us safe.'
- 'There is enough staff; they talk to you if you're worried.'
- 'It is great here, I love it.'

Staff comments

- 'I had induction and we get ongoing training.'
- 'I thoroughly enjoy the training; I feel supported in my role.'
- 'I feel service users are safe, very safe.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, training and supervision; and adult safeguarding.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to information retained in respect of staff and the information contained within the agency's staff handbook.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide; however it was identified that the Service User Guide and a range of the agency's documentation needs to accurately reflect the name of the agency.

The agency's record management policy outlines the processes for the creation, storage, retention and disposal of records. It was identified from records during inspection that they were maintained in accordance with legislation, standards and the organisational policy. Staff personnel records were retained securely.

Service users stated that staff involve them in the development of their care and support plans and that their choices are reflected. Staff could describe the process for ensuring that service users are supported to be effectively engaged in the care planning process. From care plans viewed it was noted that service users are encouraged to sign their care plan to indicate that they have agreed the care to be provided.

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. It was noted that an unannounced monthly visit is completed on behalf of the responsible person. The inspector viewed the records of quality monitoring visits completed and noted that they included comments made by service users, and where appropriate their representatives. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, record keeping and financial management arrangements; however it was identified that an action plan is not developed.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users. Service users could clearly describe the process for accessing support and raising concerns.

The agency facilitates bi-monthly service user meetings; service users stated that they attend the meetings and are encouraged to express their views and opinions. Weekly staff handovers and six monthly staff meetings are facilitated.

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

One service user and three staff questionnaires were returned to RQIA; responses received indicated that both staff and service user were satisfied that care provided was effective.

Service users' comments

- 'Staff help me with shopping; they get me shampoo.'
- 'I am very happy here.'
- 'I wash the dishes; staff make the food.'
- 'Staff help me with my meals and my medication.'

Staff comments

- 'We have a good staff team.'
- 'We help the service users with lots of chores and support them to do things for themselves.'
- 'I have worked in the residential unit for 23 years and I can see such a difference in supported living; service users have more choice, are out and about more and are more independent.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to the agency's Service user guide and quality monitoring process.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care and support.

Observations made by the inspector during the inspection and discussions with service users and staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the agency.

The inspector noted from observations made that that staff aim to provide care in a person centred manner. It was identified that the agency has provided a range of information in an alternative format to support service users in having a clearer understanding of the information being provided.

Service users could describe how staff involve them in making decisions regarding the care and support they receive. Records of service user and care review meetings reflected the involvement of service users and where appropriate their relatives and were noted to contain comments made by service users and other relevant stakeholders.

From a range of documentation viewed the inspector noted that the agency record comments made by service users and/or their representatives. Systems for effectively engaging and responding to the comments and views of service users and where appropriate representatives are maintained through the agency's complaints process; quality monitoring visits; care review meetings; annual service user satisfaction surveys, and service user meetings. It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying required learning outcomes and areas for improvement.

During the inspection the inspector observed agency staff supporting service users to make choices regarding their daily routine and activities. Service users who spoke to the inspector stated that they could speak to the manager and staff at any time if they had any concerns.

One service user and three staff questionnaires were returned to RQIA; responses received indicated that both staff and service user were satisfied that care provided was compassionate.

Service users' comments

- 'If I am worried I speak to the manager.'
- 'I can choose what I want.'
- 'Staff help me if I feel down.'
- 'I can go out myself; sometimes I go out with the staff.'
- 'I can have visitors.'

Staff comments

- 'Service users can do what they want; we go out regularly on trips and for dinner.'
- 'Service users have their own door keys.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred care and in engagement 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

6.7 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 needs of service users; it was identified that the agency has implemented systems of management and governance. The agency is managed on a day to day basis by a registered manager.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was noted that they are retained in a paper format. Staff could describe the procedure for accessing the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The agency's complaints policy records the procedure and timescales for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Service users who spoke to the inspector could describe the process for making a complaint. It was identified from discussion with the registered manager and records viewed that the agency has managed complaints received in accordance with their policy and procedures.

The inspector noted that the agency has a process for reviewing information with the aim of maintaining safety and improving the quality of life for service users. The agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly review of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The inspector viewed information that indicated that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints. During the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. The registered manager could describe the benefits of reviewing the quality of the services provided and of identifying areas for improvement.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had a clear understanding the responsibilities and requirements of their job roles; service users were aware of staff roles and knew who to talk to if they had a concern. Staff who met with the inspector stated that the manager is supportive and approachable and could describe the procedure for obtaining support and guidance including the arrangements for out of hours.

The registered manager stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate; the inspector noted that a record is maintained by the agency which records registration details and expiry dates. Discussions with the registered manager provided assurances that the organisation has a process in place for monitoring registration status of

staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

One service user and three staff questionnaires were returned to RQIA; responses received indicated that both staff and service user were satisfied that care provided was well led.

Service users' comments

- 'The manager is lovely and the staff are good.'
- 'Staff support me.'

Staff comments

- 'The manager is approachable and listens to us; they take on board any concerns or suggestions.'
- 'I feel supported.'
- 'Good staff team.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management arrangements and the management of complaints and incidents.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deidre Burns, 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 to Agencies.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13.(d) Schedule 3 Stated: First time To be completed by: 22 August 2017	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. Ref: 6.4
	Response by registered person detailing the actions taken: Information in section 3 has been completed and stored within care workers personal file.
Area for improvement 2 Ref: Regulation 17.-(2) (b)(c)(d) Stated: First time To be completed by: 22 August 2017	The registered person shall ensure that the handbook prepared in accordance with paragraph (1) shall include a statement as to- (b) the role and responsibilities of domiciliary care workers and other staff; (c) record keeping requirements; (d) recruitment procedures; Ref: 6.4
	Response by registered person detailing the actions taken: (c) completed on 2nd August 17 (d) recruitment procedure completed on 2nd August 2017
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 2.2 Stated: First time	The registered person shall ensure that the name of the agency is accurately reflected in the agency's service user's guide. Ref: 6.5

To be completed by: 22 August 2017	Response by registered person detailing the actions taken: completed 23 June 2017
Area for improvement 2 Ref: Standard 8.11 Stated: First time To be completed by: 22 August 2017	The registered person shall ensure that the agency's monthly quality monitoring report contains an action plan. Ref: 6.5 Response by registered person detailing the actions taken: action plan completed on 2nd August 2017

Please ensure this document is completed in full and returned to Agencies.Team@rqia.org.uk from the authorised email address



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