



The Regulation and
Quality Improvement
Authority

Hollygate Homecare
RQIA ID: 10981
7 The Square
Clough
BT30 8RB

Inspector: Joanne Faulkner
Inspection ID: IN023120

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**Unannounced Care Inspection
of
Hollygate Homecare**

28 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 28 July 2015 from 10.00 to 15.00. Overall on the day of the inspection the care was found to be safe, effective and compassionate. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	2

The details of the QIP within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Hollygate Homecare/Mr Ian Emerson	Registered Manager: Deidre Burns
Person in charge of the agency at the time of Inspection: Deidre Burns	Date Manager Registered: 24 July 2009
Number of Service Users in Receipt of a service on the Day of Inspection: Three	

Hollygate Homecare is a supported living type domiciliary care agency, located in Clough.

The agency's aim is to provide care and support to adults with a learning disability; this includes helping 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.

Care and support is provided by domiciliary care staff under the direction of the registered manager. Every opportunity to involve the local community in the life of the service users is actively encouraged and promoted.

There are currently three service users residing in a two storey house; they have individual bedrooms and a shared kitchen, lounge and bathroom. Hollygate Care Services Ltd is the landlord for the property in which service users reside.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

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

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

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Three care and support plans
- Care records
- Recording/evaluation records
- Monthly monitoring reports
- Minutes of service users' meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints procedure and register
- Recruitment policy (February 2015)
- Induction documentation
- Staff Handbook (March 2008)
- Induction, training, supervision and appraisal policy (March 2015)
- Agency's staff rota information
- Whistleblowing policy(February 2015)

A staff questionnaire was completed by one staff member following the inspection; it indicated the following:

- Service users' views are taken into account in the way the service is delivered
- Staff are fully satisfied that the induction process prepared them for their role
- Staff are fully satisfied that the care is delivered in a person centred manner
- Staff are fully satisfied that at all times there is an appropriate number of suitably skilled and experience persons to meet the service users' needs
- Staff are aware of the agency's whistleblowing policy and satisfied that concerns raised are taken seriously
- Staff are fully satisfied that service users are listened to and that the views of service users are taken into account in the way services are delivered

Service users' questionnaires were completed by three service users during or following the inspection; they indicated that:

- Service users are very satisfied with the care and support they receive
- Service users are satisfied that they are consulted in relation to the quality of the service
- Service users are satisfied that staff support them to feel safe and respond appropriately to their needs
- Service users are satisfied that staffing levels are appropriate at all times

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

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 3 July 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (a)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(a)so as to ensure the safety and wellbeing of service users</p> <p>This relates to the registered person ensuring that the agency's community services handbook clearly outlines any payments made by service users for their food.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The agency's community services handbook has been reviewed and updated to include details of payments made by service users for their food.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 14 (d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(b) so as to ensure the safety and security of service users' property, including their home;</p> <p>This relates to the registered person ensuring that the agent agreement clearly record the amount of money forwarded to the agency on a weekly basis by the appointee.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the agency agreements in place for two service users and noted that they detailed the amount of money forwarded to the agency on a weekly basis by the appointee.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 15 (6)(d)</p>	<p>The registered person shall ensure that where appropriate the agency arranges the provision of prescribed services to a service user, the arrangements shall-</p> <p>(d) specify the procedure to be followed where a domiciliary care worker acts as an agent for, or receives money from, a service user</p> <p>The requirement relates to the registered person ensuring that receipts are numbers and recorded in financial ledgers maintained within the agency.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>From documentation viewed it was identified that receipts retained by the agency are numbered and detailed in financial ledgers maintained.</p>	
<p>Requirement 4</p> <p>Ref: Regulation 23 (1)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>This relates to the registered person ensuring that</p>	Not met

	the views of service user representatives and relevant professionals are obtained during the monthly monitoring process.	
	<p>Action taken as confirmed during the inspection:</p> <p>It was identified from records examined during the inspection that the views of service user representatives and were appropriate relevant professionals had not been recorded.</p>	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's recruitment policy outlines the mechanism for ensuring that the appropriate pre-employment checks are completed. It was identified that an alphabetical index of all domiciliary care workers supplied or available for supply for the agency is not maintained. Prior to employment staff are required to complete a medical questionnaire. The manager could describe the process for ensuring that staff supplied are physically and mentally fit for the purposes of their job role; the agency maintains a record of return to work interviews completed with staff returning to work following a period of sickness/absence.

The agency's Induction policy outlines the induction programme completed over a six month period; the manager stated that staff receive an initial induction lasting at least three days; which involves shadowing other staff members. A record of the induction provided to staff is maintained; records examined provided detail of the agency's induction programme. Staff are provided with a handbook; they are required to sign that they have read and understood the content. It was noted that the staff handbook in place referred to the organisations residential home and did not make specific reference to domiciliary care supported living. It is required that the agency's handbook is reviewed and amended to include relevant information in relation to staff employed by the domiciliary care agency; the registered manager stated that the agency are currently reviewing and updating all policies and procedures.

The registered manager stated that the staff supplied to provide care and support to service users are employed by the agency; they stated that the agency does not access staff from another domiciliary care agency.

The agency's policies and procedures for staff supervision and appraisal outline the frequency and processes to be followed. A record is maintained of supervision and appraisal; those viewed indicate that they are completed in accordance with the agency's policies and procedures.

Is Care Effective?

Discussions with the registered manager, staff and service users indicated that an appropriate number of suitably skilled and experienced persons are available at all times. Staff rota information examined, reflected staffing levels as described by the manager and staff; it was identified from those viewed that staff were allocated to shifts as required. Staff rotas detail the

full name and role of staff provided; however it was identified that the record did not clearly identify the timings of the shift.

Staff stated that they are provided with a job description outlining the roles and responsibilities of their individual job roles. Staff could describe their roles and responsibilities and the process for reporting any training needs or concerns.

Staff could describe the detail of the induction programme received and stated they felt equipped to fulfil the requirements of their role. Induction records indicated that an initial induction and orientation is provided by staff; however, the full induction process is completed over a period of six months. The agency maintains a record of induction which details evaluation of induction completed by the registered manager.

The agency maintains a training matrix; the manager stated that it is reviewed regularly to identify training gaps. Staff stated that they are encouraged to highlight any concerns to the manager at any time; they stated that training needs are discussed at staff meetings and supervision. Staff are required to complete mandatory training and in addition training specific to the needs of individual service users is provided.

It was identified from records viewed that staff providing supervision have received appropriate training. The agency's policies for supervision and appraisal outline the frequency; staff confirmed that they receive six monthly supervision and annual appraisal.

Staff could describe the process for highlighting concerns and were aware of the agency's whistleblowing policy.

Is Care Compassionate?

The registered manager stated that service users are introduced to all new staff; the agency has previously issued client satisfaction questionnaires to service users and comments made in relation to staff are addressed.

Service users are provided with details of staff being provided to support them; service users stated that they are introduced to new staff. Agency staff could describe the impact of staff changes on service users and the benefits in providing continuity of care; one service user stated that they had recently been introduced to two new staff members. The manager stated that the agency does not access staff from another domiciliary care agency and that staff supplied are familiar with the service users' care and support needs.

Induction records indicated that staff receive training specific to the needs of service users. Staff stated that they had the relevant knowledge and skills to fulfil the requirements of their role. Service users indicated that staff supplied have the knowledge and skills to provide the required care and support.

Staff described the process for meeting service users and becoming familiar with their care needs; they described that importance of respecting the privacy, dignity and choices of service users. Service users stated that staff respect their privacy, dignity and wishes.

The agency's disciplinary policy outlines the process for addressing unsatisfactory performance of staff; details of this policy are contained within the agency's staff handbook.

Service User Comments:

- “I like it here”
- “Staff are good to us; they help us”
- “Staff listen to me; I can do what I want”
- “The staff are great; they help us to make the dinner and do the laundry”
- “Staff take us where we want to go”
- “Some staff have left; I don’t like it when staff change”
- “I like the two new staff”
- “Staff always support and care for me”

Staff Comments:

- “I receive six monthly supervision; it is beneficial; I can air my views”
- “I get an annual appraisal”
- “Training is good; I talk to the manager if I have any worries”
- “I feel equipped to do my job”
- “The manager is supportive”
- “I feel we have enough staff to meet the needs of the service users”

Areas for Improvement

There were three areas of improvement identified within Theme 1:

(i) Regulation 21(1) Schedule 4

It is required that an alphabetical index of domiciliary care workers supplied or available for supply by the agency is maintained.

(ii) Regulation 17 (1)

It is required that the registered person shall prepare a staff handbook and provide a copy to every member of staff.

(iii) Regulation 21.-(1)(a) Schedule 4

It is required that the agency’s staff rotas are updated to clearly detail the date and timings of the shifts.

Number of Requirements:	3	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive**Is Care Safe?**

The registered manager stated that prior to providing care to service users the agency receives a range of multi-disciplinary assessments from the referring HSC trust. Assessments of need and risk assessments viewed reflected the views of service users and where appropriate their representatives. Service users stated that they are involved in developing

their individual care plans; they stated that they are encouraged to express their views and that their choices are reflected in the care received.

Staff could describe a number of positive risks that service users are supported to take and were aware of the benefits of positive risk taking and their role in supporting service users to live as full a life as possible. Risk assessments completed in conjunction with service users and their representatives provided examples of positive risk taking.

Is Care Effective?

Service users and where appropriate their relatives are supported to participate in an annual review of their care and support involving representatives for the HSC trust. Records viewed indicated that staff record daily the care provided to service users and care plans are reviewed annually or as required. Service users stated that they are encouraged to contribute to the development of their care plans. Care plans viewed detail the wishes, choices and routines of service users and contain information specific to individual service users.

The agency facilitates bi-monthly tenants meetings; records viewed indicate that service users are encouraged to express their views and opinions and that their wishes and choices are respected. Service users and their relatives are informed of the agency's complaints procedure; the agency has a process for maintaining a record of complaints. Monthly monitoring visits are completed; records viewed indicate engagement with service users and staff; however it was noted that the views of service user representatives had not been recorded.

Service users have been provided with human rights information in a suitable format.

Is Care Compassionate?

Discussions with staff and service users indicate that care is provided in an individualised manner. Care plans viewed were written in a person centred manner and service users stated that they can choose what care they receive and that staff consult them in relation to their care needs. Service users could describe the detail of the agreed care they receive.

The registered manager described a number of processes used to engage with service users and where appropriate their representatives. Staff stated that care provided is reflective of the wishes and choices of service users'; records of tenant's meetings indicated the involvement of service users and where appropriate their representatives.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Relevant reference is made to human rights in individual care plans; it was identified that the agency provides service users with information on human rights in an easy read format.

The manager could describe the process of liaising with HSCT representatives for service users where there may be capacity and consent concerns.

Service User Comments:

- "Staff listen to me"
- "The staff are great"

- “I can choose to do what I want”
- “I did not want to go to the daycentre today so I stayed at home”
- “Staff ask us where we want to go and what we want to do”
- “Staff talk to me about my care plan”
- “I can buy what I want”
- “I like living here”
- “I talk to the staff if I am worried”

Staff Comments:

- “Service users can do what they want”
- “Service users have come a long way since moving to supported living; they are more independent”
- “We support service users to take positive risks”
- “The views of service users are taken into account”
- “Staff talk to the service users about their care plans”

Areas for Improvement

There were no areas for improvement identified within Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency’s quality monitoring documentation in place and noted that monthly monitoring visits are completed by the responsible person. Records viewed contained the views of service users and staff; however it was identified that the records did not indicate that the views of relatives and were appropriate relevant professionals had been sought. The documentation contains information relating to incidents or complaints, staffing issues, care issues and environmental concerns. A requirement made in relation to this area made in the previous QIP was assessed as being not met and will be stated for a second time.

5.5.2 Complaints

The agency has had no complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the registered manager. The agency’s complaints policy outlines the procedure in handling complaints; it was identified that the complaints procedure did not detail the date it was issued.

5.5.3 Agency Documentation

From records viewed it was identified that a number of the agency’s policies, procedures and documentation in place referred to the organisations residential home. It is recommended that the registered person ensures that policies, procedures and records in place make appropriate reference to the agency.

Areas for Improvement:

There were three areas for improvement identified:

(i) Regulation 23 (1)

This requirement was stated in a previous QIP and was assessed as being not met and relates to the registered person ensuring that the views of service user representatives and where appropriate relevant professionals are obtained during the monthly monitoring process.

(ii) Standard 9 4

It is recommended that policies and procedures are dated when issued, reviewed or revised; this relates specifically to the agency's complaints policy.

(iii) Standard 9 1

It is recommended that policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.

Number of Requirements:	1	Number of Recommendations:	2
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: Second time</p> <p>To be Completed by: 28 September 2015</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>This relates to the registered person ensuring that the views of service user representatives and where appropriate relevant professionals are obtained during the monthly monitoring process.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: service users representatives views will be obtained when competing monthly monitoring in September 2015.</p>
<p>Requirement 2</p> <p>Ref: Regulation 21(1) Schedule 4</p> <p>Stated: First time</p> <p>To be Completed by: 28 September 2015</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained.</p> <p>This related to the registered person ensuring that an alphabetical index of domiciliary care workers supplied or available for supply by the agency is maintained.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: An alphabetical index of staff has been completed and implemented</p>
<p>Requirement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be Completed by: 28 October 2015</p>	<p>Where an agency is acting otherwise that as an employment agency, the registered person shall prepare a staff handbook and provide a copy to every member of staff.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: the present staff handbook will be improved and updated relating to Hollygate Homecare before end October 2015</p>
<p>Requirement 4</p> <p>Ref: Regulation 21.- (1)(a) Schedule 4</p> <p>Stated: First time</p> <p>To be Completed by: 28 September 2015</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota clearly details the date and timings of shifts.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: the staff rota clearly details staff times and dates when they are on shift and staff / service users can read the rota</p>

Recommendations			
Recommendation 1 Ref: Standard 9.4 Stated: First time To be Completed by: 28 October 2015	It is recommended that policies and procedures are dated when issued, reviewed or revised; this relates specifically to the agency's complaints policy.		
	Response by Registered Person(s) Detailing the Actions Taken: All policies at present are being updated to include the date of issue		
Recommendation 2 Ref: Standard 9.1 Stated: First time To be Completed by: 28 October 2015	It is recommended that policies and procedures as identified in Appendix 1 are in place and In accordance with statutory requirements.		
	Response by Registered Person(s) Detailing the Actions Taken: all policies and procedures at present are being updated and will be in place before end of october		
Registered Manager Completing QIP	Deirdre Burns	Date Completed	1/9/2015
Registered Person Approving QIP	Criag Emerson	Date Approved	1/9/2015
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	8/9/2015

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below: