

Unannounced Care Inspection Report 23 July 2018



The Firs Homecare Services

Type of Service: Domiciliary Care Agency
Address: The Firs Homecare Services,
16 Fair Green, Church Street, Ballygawley BT70 2LJ
Tel No: 02885567048
Inspector: Caroline Rix

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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

The Firs Homecare Services is a domiciliary care agency in the village of Ballygawley. The service is provided for 13 service users in their own homes (11 adults and 2 children) by 12 staff. Service users have health care needs due to old age, mental health care needs and/or learning disabilities. Staff provide help with personal care, practical assistance and sitting services to meet the individual needs of the service users. The Southern Health and Social Care Trust (SHSCT) commission the majority of these services with a number of services provided using direct payments.

3.0 Service details

Registered organisation/registered person: The Firs Services (Ireland) Limited/ Pauline Gormley	Registered manager: Pauline Gormley
Person in charge of the service at the time of inspection: Pauline Gormley	Date manager registered: 11 June 2009

4.0 Inspection summary

An unannounced inspection took place on 23 July 2018 from 09.45 to 15.50 hours.

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 service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff.

Service users said 'The girls are great, I couldn't ask for better'. Many examples of good practice were highlighted and complimented and have been detailed within the body of this 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 registered manager, service users, relatives and staff of the agency for their co-operation throughout the inspection.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the registered manager Pauline Gormley and the assistant manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 24 July 2017

No further actions were required to be taken following the most recent inspection on 24 July 2017.

5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2017/2018
- All communications with RQIA.

During the inspection the inspector spoke with the registered manager, assistant manager and a care worker. Their feedback has been included throughout this report.

The inspector spoke with two service users and six relatives during visits to their homes or by telephone on 16 July 2018 and 23 July 2018 to obtain their views of the service. These service users receive assistance with personal care and social support. The inspector also reviewed the agency's documentation held in service users homes during the visits.

The inspector requested that the registered manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The registered manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. Feedback from four staff members was received by RQIA in time for inclusion in this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records
- One staff induction record
- Three staff supervision appraisal records
- Three staff training records
- Staff training plan
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Three service users' records regarding referrals, reviews and quality monitoring
- Three monthly monitoring reports.
- Annual quality review report for 2017

- Communication records with other professionals
- Complaints log
- Compliments log

The findings of the inspection were provided to the registered manager Pauline Gormley and the assistant manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 July 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 24 July 2017

There were no areas for improvement made as a result of the last care inspection.

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.

A range of policies and procedures was reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information has been obtained prior to commencement of employment. Documentation viewed by the inspector indicated that there is a robust recruitment system in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes. The inspector examined a sample of three staff personnel records; documentation viewed included details of the recruitment processes and evidenced that pre-employment checks had been completed in line with required regulations. The registered manager confirmed they have a low staff turnover.

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered with the Northern Ireland Social Care Council (NISCC). The registered manager discussed the system in place to identify when staff are due to renew registration with NISCC.

The induction programme for new staff was viewed, which included a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16 (5) (a).

Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system.

Staff training records viewed for 2017/2018 confirmed that all care workers had completed the required mandatory update training programme. The training plan for 2018 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users' care needs including: dementia awareness, epilepsy management and autism awareness training. Staff spoken with described the value of the additional training received in improving the quality of care they provided. The registered manager advised that six staff are undertaking NVQ Level 3 course in health and social care, due to finish in October 2018, which is to be commended.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The registered person/manager is named as the agency's Adult Safeguarding champion, with key responsibilities detailed in their procedure in line with required guidance. The agency's whistleblowing policy and procedure was found to be satisfactory. The staff member spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected abuse, and described their role in relation to reporting poor practice.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures. No safeguarding reports had been received since the previous inspection.

The inspector was advised by all of the service users and relatives spoken with that there were no concerns regarding the safety of care being provided by The Firs Homecare. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and ensuring that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the inspector by the service users or relatives; examples of care given included manual handling skills, use of equipment and epilepsy management. 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:

- "No problems with service, very happy with the same staff who visit."
- "Great girls, xxx doesn't like change."
- "First class, never feel rushed."
- "I couldn't manage without the great care they provide; I have the highest praise for the girls. I am kept up to date with any and all little changes."
- "I can trust The Firs staff in every way. We feel safe and can relax when they are here."

The returned questionnaires from staff indicated that they were 'very satisfied' that the care was safe.

The agency's registered premises include an office and staff facilities which are suitable for the operation of the agency as set out in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained in line with GDPR regulations introduced in May 2018.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training, adult safeguarding and management of risks.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed the service users' needs and how they wished these to be met.

Service user records viewed on the day of inspection included referral information received from the SHSCT. The referrals detailed the services being commissioned and relevant risk assessments. The agency care and support plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

Feedback received by the inspector from service users, relatives and staff indicated that service users have a genuine influence on the content of their care and support plans.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

A sample of three service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met along with regular contacts by phone and during monitoring visits. The registered manager confirmed that they are usually invited to attend or contribute in writing to the SHSCT arranged care review meetings with service users/relatives.

The records evidenced that an amendment form from the SHSCT detailing agreed changes to the original care plan had been provided.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans.

A staff member commented during the inspection:

- “We have very good communication and are kept up to date with every change to our service user’s needs.”

The inspector was informed by the service users and relatives spoken with that there were no concerns regarding carers’ timekeeping or that care had been rushed. The service users and relatives advised that they had not experienced any missed calls from the agency.

No issues regarding communication between the service users, relatives and staff from The Firs Homecare were raised with the inspector. Each of the service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service; and that they had received a questionnaire from the agency.

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

- “Very good at keeping in touch, and I can lift the phone if I have any requests or need care adjusted, so flexible to accommodate xxx changes.”
- “Manager and all team are very approachable and easy going; I have confidence that they would sort out any issues if ever needed.”
- “The care is exactly as I want it.”
- “It gives me and the family peace of mind knowing that the girls look after xxx like one of their own family. It is an outstanding service.”

As part of the home visits the inspector reviewed the agency’s documentation in relation to three service users and no issues were identified within the care plans or daily log records. The agency’s staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

The returned questionnaires from staff members indicated that they were ‘very satisfied’ that the care was effective.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

There were processes in place to promote effective engagement with service users, they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring calls/visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Very special thanks to the staff, in particular the exceptional young carers who so kindly and consistently assisted with xxx's care in the past year.' (Thank you notice from family of a late service user).
- 'I am very happy with the girls; they are reliable and friendly and see to my relatives needs so well.'

All of the service users and relatives spoken to by the inspector confirmed that they felt the care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care had not been provided in a rushed manner. Service users, as appropriate, are given their choice in regards to personal care, meals and activities.

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

- "Couldn't do without them, it is a 1st class service that runs level and smoothly."
- "I like spending time with my care worker xxx."
- "The staff noticed xxx was pale and quiet last week, notified me and xxx has now improved, they know exactly what to do if anything is out of the ordinary."
- "I love to see her coming in and know I am in good hands. We have a wee giggle and I can relax."

Staff spoken with during the inspection confidently demonstrated appropriate knowledge regarding the delivery of compassionate care and described practices supporting individual service user's wishes, dignity and respect.

One staff member commented during the inspection:

- "I love my job and focusing on building trust and relationships with service users and their family. All service users have special ways they like things done, and I know they are happy with my work as they seem so pleased to see me arrive."

The returned questionnaires from staff members indicated that they were 'very satisfied' that the care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Discussions with staff and compliments reviewed supported good practice in the area of compassionate care.

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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance have been established and implemented at the agency.

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The registered manager is supported by an assistant manager and a team of care workers.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are accessible to all staff in a paper format retained in the office and used by staff daily.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the positive feedback received by the agency following their annual quality review in July 2017. The inspector noted that the information collated during the annual survey was shared with service users, relatives and staff during October 2017.

Monthly quality monitoring reports were viewed for April to July 2018. These reports evidenced that the monitoring of the quality of service provided was in accordance with minimum standards.

Each report contained a summary of consultation with service users, their relatives, staff and other professionals and evidenced how any issues arising had been managed. The reports also included details of a review of accidents, incidents, staffing arrangements, training undertaken and audits of documentation.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted that no complaints had been received since the last inspection.

All of the service users and relatives spoken with 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.

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

- “Great service that is run like a well-oiled machine.
- “Never needed to complain and am not likely to ever have to do so.”
- “The girls are all super and know my relative inside out. Very happy with all aspects of the care and support. I couldn't manage without their support with xxx.”

A review of incident reports confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There have been no safeguarding incidents to be notified to RQIA since the last inspection.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager was able to discuss the ways in which staff development and training enabled staff to engage with a diverse range of service users. Some of the areas of equality awareness identified during the inspection included: effective communication, service user involvement, advocacy, equal care and support and individual person centred care.

The agency collects equality data of service users such as; age, gender, disability, marital status via their trust referral information process.

The agency has regular team meetings in which opportunities were given to share learning. The minutes of these meetings were detailed and informative reflecting effective communication within the team.

One staff member commented during the inspection:

- “The staff meetings and supervisions are helpful for me to keep up to date with things. The office staff are all approachable and the on call system is great, as it means we can get advice or guidance at any time if needed.”

The returned questionnaires from staff members indicated that they were ‘very satisfied’ that the service was well-led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality monitoring and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



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