



The Regulation and  
Quality Improvement  
Authority

The Firs Homecare Services  
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**Unannounced Care Inspection  
of  
The Firs Homecare Services**

**22 July 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 22 July 2015 from 11.45 to 17.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

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

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> The Firs Services (Ireland) Limited.	<b>Registered Manager:</b> Pauline Gormley.
<b>Person in charge of the agency at the time of Inspection:</b> Pauline Gormley.	<b>Date Manager Registered:</b> 11/06/2009
<b>Number of service users in receipt of a service on the day of Inspection:</b> 16	

The Firs Services (Ireland) Limited, is a domiciliary care agency in the Ballygawley area. The service is provided for 16 service users, by 14 staff. In order to meet the personal needs of the service users, the agency provide: personal care, mobility care, household duties, diet and medication care. In conjunction with the Trust, the agency provides each service user with a care plan.

### 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: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

### 4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events since the previous inspection.

Prior to the inspection the agency supplied details of service users to RQIA and the inspector arranged to speak with two service users and five relatives, either in their own home or by telephone, on 22 July 2015 to obtain their views of the service. The service users interviewed live in Ballygawley and surrounding areas and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Respite service
- Security checks.

The inspector also reviewed the agency's documentation relating to two service users.

On the day of inspection the inspector met with one member of care staff to discuss their views regarding care provided by the agency, staff training and their knowledge in respect of the theme areas reviewed. Seven staff questionnaires were received post inspection and are referenced within the report.

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

- Discussion with the registered manager.
- Consultation with one member of care staff
- Consultation with one service user at the agency office.
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review information
- Two service user records in respect of the trust review process
- Three service user records in respect of the agency quality monitoring via telephone or face to face contact
- One service user's specific communication methods
- Two service user records in respect of the agency communication with service users and trust commissioners where changes to services have been identified
- Three staff quality monitoring/supervision records
- Three staff memos regarding service user changes and general information for staff attention
- One staff meeting/group discussion records
- Three staff appraisal records
- Staff training in respect of non-verbal communication
- 2014 annual report
- Process for management of missed calls
- Duty log/diary on call record
- On call pack and records
- Four monthly monitoring reports.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 23 January 2015. The completed QIP was returned and approved by the inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13.3	The registered manager should report on the improvements made in regard to the direct observations/supervision of staff practice.  A record of direct observations must be maintained in each staff member's file.	Met
	<b>Action taken as confirmed during the inspection:</b>  The inspector examined records maintained in two service users' homes and two staff files maintained in the agency office and all these records contained evidence staff had received direct observation/supervision of their practice.	

### **5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.**

#### **Is Care Safe?**

Service user referral information received from HSC Trust commissioners contained information regarding service user and/or representative's views. The referrals detailed a care plan and relevant risk assessments. The agency risk assessments completed during their initial visit at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible.

The assessment of need, risk assessments and care plans reviewed during inspection found the records relating to changes had been updated for the service users to accurately reflect their needs and preferences. The records of two service users contained evidence of annual reviews by the Trust of the service users' care needs. The staff who participated in the inspection confirmed there was an ongoing issue getting the Trust to provide the agency with these records. The registered manager stated this had been raised again recently during a meeting the agency had with the HSC Trust representatives. During discussions with staff the inspector was provided with examples when staff had requested an increase in care provision to meet the changing needs of service users and this was evidenced in service users' care plans. However the care plan of one service user experiencing restrictive practices did not contain HSC Trust risk assessments relating to these restrictions. The agency had clearly documented the reasons for the restrictions; the restrictions appeared to be proportional to the potential risk to the service user. These agency records provided evidence that the service user's representative was fully aware and in agreement with the restrictions and the reason for these were discussed with the service user. During the inspection the registered manager contacted the HSC Trust and requested the agency are provided with the risk assessments and HSC Trust care plan relating to this service user.

The inspector was advised that new carers are 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 the carer's knowledge of the required care.

The documentation relating to two service users was reviewed by the inspector during the home visits. The files contained a copy of the service user's care plan however one file did not include any HSC Trust documents or service user guide, the registered manager informed the inspector this service user had been a long standing privately funded client and assurances were given by the registered manager to ensure the service user had a copy of the service users' guide. The agency's log sheets in the two files reviewed were being completed appropriately by the carers.

The staff interviewed on the day of inspection were able to describe aspects of care provision which reflected their understanding of service user's choice, dignity, and respect. The staff member confirmed they regularly deliver care to the same service users, to ensure continuity. Seven staff returned completed questionnaires; six staff confirmed they have received training which assists them ensure the care they provide is safe.

## **Is Care Effective?**

Communication with service users and their relatives regarding service delivery was reviewed during the inspection and this has been achieved through service user quality monitoring processes, daily contact with the agency via telephone and on call arrangements which maintain open channels of communication. Where communication difficulties arise due to service users' individual needs the agency endeavour to adapt appropriate means of communication. The staff who participated in the inspection described how service users with communication issues benefited from the same staff member being allocated to care for them. Evidence presented during inspection supported staff receiving information in respect of non-verbal communication specific to service users with communication difficulties.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices.

The seven staff questionnaires received following the inspection day confirmed that six staff were satisfied with the training received in relation to core values, communication methods and dementia care.

The inspector was informed service users and their representatives interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise. The registered manager confirmed the agency had not received any complaints since the previous inspection in January 2015.

Management visits are taking place on a regular basis to discuss their care, and some of the people interviewed were able to confirm that observation of staff practice had taken place.

The most recent monthly monitoring reports reviewed evidenced working practises are being systematically reviewed along with detailed information relating to ongoing quality monitoring feedback. They also evidenced service users were visited in their homes by agency staff who were completing quality monitoring visits and family members were present on occasions. The records also evidenced the agency contacted health care professionals involved with the service users' care. Service user records viewed in the agency office evidenced how feedback received had been followed up.

Discussion with staff during the inspection confirmed they received spot checks which were unannounced during which they were observed delivering care to service users.

## **Is Care Compassionate?**

The people interviewed by the inspector raised no concerns regarding the quality of care being provided by the carers from The Firs Services (Ireland) Limited. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals, personal care and activities, and are allowed to complete tasks themselves if

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

- “I am extremely happy with the care and support XXXX receives”
- “great service”
- “appreciate all caring, love and professionalism”

Service users or their relatives informed the inspector that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples included working with service users with limited verbal communication and mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

### Areas for Improvement

The agency has met the required standards in respect of theme one for most areas reviewed. However the documents of one service user, reviewed by the inspector, did not contain the HSC Trust risk assessment and therefore a recommendation is made.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

### Is Care Safe?

A range of management systems, policies and processes were noted to be in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed calls. Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails and evidence of these communications were verified during the inspection. The registered manager informed the inspector the HSC Trust were slow to respond to the agency request to review care following changes in service users’ needs identified by agency staff. This was supported by information contained within the seven staff questionnaires. One staff member indicated staff do not receive timely support from the multidisciplinary team and one team member indicated information received from the HSC Trust was not detailed enough. Six of the seven staff members who completed and returned questionnaires stated management staff were very supportive and they received good handover information relating to service users.

The agency holds a policy on dealing with missed calls and the agency staff demonstrated their knowledge of this process during the inspection.

During the inspection the registered manager was asked to complete a record of complaints received from 1 January 2014 to 31 March 2015, the registered manager confirmed the agency had not received any complaints during this period. The manager also confirmed the agency had not had any notifiable events during this period.

## Is Care Effective?

The inspector was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed.

Staff spoken with confirmed that they felt supported by senior staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home.

## Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the inspector highlighted service quality in general to be good with appropriately trained and skilled staff who delivered compassionate care.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes were calls are missed or delayed.

## Areas for Improvement

The agency has met the required standards in respect of theme two for all areas reviewed

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Pauline Gormley, 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](mailto: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.

<b>Quality Improvement Plan</b>			
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 3.2  <b>Stated:</b> First time  <b>To be Completed by:</b> Immediate effect from the date of inspection.	The registered manager ensures that the person centred, holistic assessment of need provided to the agency includes: <ul style="list-style-type: none"> <li>• risk assessments relating to the delivery of care and services</li> </ul>		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> I have contacted the Trust re this and asked that they remind the different care teams re the information they need to provide care agencies with and I am following up re my current carepackages that I have all necessary information as per standard 3.2.and will also do so with all new packages.		
<b>Registered Manager Completing QIP</b>	PAULINE GORMLEY	<b>Date Completed</b>	19/08/15
<b>Registered Person Approving QIP</b>	PAULINE GORMLEY	<b>Date Approved</b>	19/08/15
<b>RQIA Inspector Assessing Response</b>	Lorraine O'Donnell	<b>Date Approved</b>	20/08/15

*\*Please complete in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**