

# Inspection Report

6 May 2022



## Hutchinson at Home

Type of service: Domiciliary Care Agency

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Hutchinson Homes Ltd  <b>Responsible Individual:</b> Ms Naomi Carey	<b>Registered Manager:</b> Mrs Janet Montgomery  <b>Date registered:</b> Acting – no application required
<b>Person in charge at the time of inspection:</b> Lisa Gifford - Interim Service Manager	
<b>Brief description of the accommodation/how the service operates:</b>  Hutchinson at Home is a domiciliary care agency which provides support to 17 individuals living in their own home, commissioned by the Northern Health and Social Care Trust (NHSCT). Services provided include personal care, medication support and meal provision.	

## 2.0 Inspection summary

An unannounced inspection took place on 6 May 2022 between 10.20 a.m. and 4.15 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas including but not limited to: staff selection and recruitment; professional registrations; staff induction and training; adult safeguarding arrangements; and the reporting and recording of accidents / incidents.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified in relation to: selection and recruitment of staff; adult safeguarding practices; and staff training.

A serious concerns meeting was therefore convened on 1 June 2022 and attended by the Responsible Individual, Mr Eddy Kerr (Managing Director), Lisa Gifford (Interim Service Manager) and Ms Elaine McCann (H.R. Manager) to discuss these shortfalls.

During the meeting the Responsible Individual provided a full account of the actions taken/ to be taken in order to drive improvement and ensure that the concerns raised at the inspection were addressed.

Following the meeting RQIA decided to allow the Responsible Individual a period of time to demonstrate that the improvements had been made and advised that a further inspection may be undertaken to ensure that the concerns had been effectively addressed.

The findings of this report will provide the Manager and Responsible Individual with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed.

This included the previous areas for improvement identified, registration information and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

### 4.0 What people told us about the service?

Following the inspection we spoke with a number of service users, service users' relatives, staff members and HSCT representatives.

Comments received included:

#### Service users' comments:

- "Some problems because they are short staffed, but I am getting good care and don't have any issues."

#### Service users' relatives' comments:

- "No problems with the service for my relative who has complex needs, apart from not enough staff, we no longer have a morning call due to staffing problems."
- "They are always very respectful and treat my relative well."

- “Really impressed with the service.”
- “First class level of service.”
- “Staff are respectful.”
- “Couldn’t do without them. The standard of care is excellent and I couldn’t be more thankful.”
- “My relative has fallen a number of times and they have stayed with him, until I could get to him.”
- “Good communication, good two way system.”

#### **Staff comments:**

- “Management are approachable. I am very confident if there were any issues that they would be dealt with quickly, fairly and if needed, in confidence.”
- “I get supervision with my manager every 12 weeks.”
- “Management are good at communication.”
- “They (the management) are good at communication.”
- “The service users are well cared for.”

#### **HSCT representatives’ comments:**

- “My service user is very happy with the service and I have had no concerns with Hutchinson Care.”
- “I find they deliver a good service, are timely with reporting issues and communicate well.”
- “I have had no issues with communication, anything untoward is passed on and any deterioration in the service users is also passed on in a timely manner.”
- “The Interim Service manager and her team go above and beyond for my service user and if they are unable to get him in the morning, they will call back later in the day to ensure he receives his service.”
- “They attend all scheduled care reviews.”
- “Without the care that the Interim Service Manager and her team provide, I am not sure if my service user would have been able to remain at home for as long as he has and may have on several occasions required hospital treatment.”

Two service user/relative questionnaires were returned; the respondents indicated that they were satisfied with the care and support provided.

#### **Comments included:**

- “Everybody is doing a very good job and thank you. Look forward to them coming every day.”

A number of staff responded to the electronic survey, indicating that they felt very satisfied that the care provided was safe, effective and compassionate and that the service was well led.

#### **One staff comment via the online survey included:**

- “We have an incredible working environment! Wonderful team leader and an amazing manager in our Domiciliary Community Care Department.”

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 26 November 2020 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was not validated during this inspection. An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

Areas for improvement from the last inspection on 26 November 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 23 (1) (5)  <b>Stated:</b> First time	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.	<b>Not Met</b>
	The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.  This refers to obtaining feedback from all stakeholders involved in the care of the service users.	
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of monthly monitoring reports evidenced that no consultation had taken place with the commissioning HSCT's key workers. This was discussed with the Interim Service Manager who was provided with an RQIA exemplar for consideration.  This area for improvement has not been met and is stated for a second time.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 12.3  <b>Stated:</b> Second time	The registered person shall ensure that all mandatory training requirements are met.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed the training for staff and it was noted that there was a significant amount of outstanding training including safeguarding, medicines management, infection prevention and control (IPC) and first aid. This is considered further within Section 5.2.1.  This area for improvement has not been met and has been subsumed into a new area for improvement under Regulation.	

## 5.2 Inspection findings

### 5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The agency's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in regard to reporting concerns. The agency had an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge established that they lacked knowledge in matters relating to adult safeguarding, for example, the role of the Adult Safeguarding Champion (ASC), and the process for reporting and managing adult safeguarding concerns. This was discussed during the inspection, and at the serious concerns meeting held on 1 June 2022. RQIA was assured at the meeting that the Interim Services Manager had subsequently familiarised herself with those aspects of adult safeguarding relevant to her role.

Staff are required to complete adult safeguarding training during induction and every two years thereafter. It was noted that this training for a number of staff members was outstanding. Following the serious concerns meeting, RQIA was advised that all but one member of staff had now completed this training.

Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns, reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

One adult safeguarding referral had occurred since the previous inspection. Intelligence received by RQIA from the NHSCT advised that the referral had not been managed in accordance with the agency's policy and procedures. There was a delay in submitting the

required information to the trust and the agency had undertaken an internal investigation regarding the incident which is not in keeping with best practice. This was evidenced by a review of the records as well as from information received from the NHSCT. This was discussed during the serious concerns meeting on 1 June 2022; with the Responsible Individual who acknowledged the importance of ensuring that adult safeguarding referrals are made by the agency in a timely manner; it was also agreed that any investigation into such incidents should only be undertaken in keeping with best practice. An area for improvement has been made in this regard.

RQIA had been notified of any incidents that had been reported to the police service of Northern Ireland (PSNI) in keeping with Regulation. Records viewed indicated that incidents had not been managed appropriately as per the information above.

Following review of staff training records, it was noted that there was a significant amount of outstanding training including: adult safeguarding, medication, moving and handling and infection prevention and control. This deficit was discussed at the Serious Concerns meeting on 1 June 2022 during which RQIA was informed that all staff had since completed their mandatory training or had scheduled dates to do so. An area for improvement has been subsumed into a new area for improvement under Regulation.

The person in charge reported that two service users have overhead hoists in their homes and the training for the use of these pieces of equipment were provided by the Physiotherapist/Occupational Therapist. The person in charge was advised that the dates of all training to staff are required to be recorded and retained. The person in charge advised this will be added to the training matrix.

The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The person in charge reported that none of the service users were subject to Deprivation of Liberty Safeguards (DoLS).

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

The person in charge confirmed the agency did not manage individual service users' monies.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing care records, it was good to note that service users had an input into devising their own plan of care. Individual service user's care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans were kept under regular review and there was evidence that services users and /or their relatives participate,



where appropriate, in the review of the care provided on an annual basis, or when changes occur.

### **5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). The person in charge confirmed they had one service user with Dysphagia needs however their care plan did not reflect the recommendations made by the SALT and required to be updated. This was discussed with the person in charge and it was agreed that this would be followed up with the key worker. The person in charge also advised that Dysphagia training for staff had not been sourced.

This was discussed at the Serious Concerns meeting on 1 June 2022 and assurances were provided that this training would be sourced for all staff and the dates of completion recorded.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

We reviewed three staff recruitment files and noted they had not been maintained in keeping with Regulation. This was discussed with the Responsible Individual at the Serious Concerns meeting on 1 June 2022 who assured RQIA that all pre-employment checks will be completed prior to the staff member having any direct engagement with service users. The agency provided assurances that they will have a robust system in place to ensure they are compliant with this Regulation.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the Manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The person in charge advised that there were no volunteers working for the agency.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. Staff are required to complete a robust, structured, three day induction programme which also includes shadowing of a more experienced staff member.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing a specific number of Post Registration Training & Learning hours. The person in charge was advised to discuss the post registration training requirement with staff, to ensure that all staff are compliant with the requirements.



### 5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

Review of governance records and discussion with staff confirmed that monthly monitoring visits/reports was undertaken in order to quality assure care delivery and service provision. However, a review of these monthly reports highlighted that they had been inadequately completed, specifically, there was no evidence of consultations with key stakeholders, namely the commissioning HSCT's key workers. An RQIA exemplar was shared with the person in charge who advised this would be provided to the agency's monitoring officer to use for future reports. This area for improvement has been stated for the second time.

It was also noted that the agency had not completed their Annual Quality Report in keeping with Regulation. This was discussed with the person in charge with whom the inspector provided a template for future completion. This will be reviewed at the next inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately.

## 6.0 Conclusion

Enforcement action resulted from the findings of this inspection. Serious concerns were identified in relation to: selection and recruitment of staff; adult safeguarding practices; and staff training. A serious concerns meeting was held on 1 June 2022 with the Responsible Individual and senior management team who provided a full account of the actions taken/to be taken in order to drive improvement and ensure that the concerns raised at the inspection are addressed.

## 7.0 Quality Improvement Plan (QIP)/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 The Domiciliary Care Agencies Minimum Standards, Revised August 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	0

\* the total number of areas for improvement includes one regulation that has been stated for a second time

Areas for improvement and details of the QIP were discussed with the person in charge, as part of the inspection process; these were also discussed with the Responsible Individual during the Serious Concerns meeting on 1 June 2022. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23(1)(5)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediately from the date of inspection and ongoing	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.  The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.  This refers to obtaining feedback from all stakeholders involved in the care of the service users.  Ref: 5.1 and 5.2.6
	<b>Response by registered person detailing the actions taken:</b> The monitoring officer will seek to engage with HSCT reps when doing her monthly review and Reg 23 visit. Where contact is achieved this will be recorded. If no response to a request for feedback is achieved following such a request this will be recorded also.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16(2)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection and ongoing.	The registered person shall ensure that each employee of the agency receives training which are appropriate to the work he is to perform.  This relates to all training considered as mandatory at the time of inspection, as well as DoLS and Dysphagia training.  Ref: 5.1, 5.2.1 and 5.2.3
	<b>Response by registered person detailing the actions taken:</b> All staff are invited to attend Mandatory Training each year and this is available on at least 20 occasions each year either in person or via on line session with our in house trainer. Other training is available to all staff via e-Learning, HSCT websites and ad hoc arranged sessions as required.  A new database has been created to review this on a monthly basis and all staff will be reminded within two weeks of any training needing to be updated and should be completed within 4 weeks of the advisory message.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 15(6)(a)(12)(a)	The registered person shall ensure that all adult safeguarding referrals are submitted in a timely manner; also, all internal adult safeguarding investigations should only be undertaken in agreement with the relevant HSCT and in keeping with best practice.

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Adult safe guarding is appropriately managed and considered within the organisation. A review of the reporting process has been completed and the learning from this has been disseminated through training to all staff who may complete App1's. This will ensure more effective and efficient reporting.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13(d); Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> HCH has a thorough recruitment process in place for all new employees. This includes Access NI checks. New staff are unable to start working until satisfactory recommendations have been received and pre employment checks completed.</p> <p>A full review of all employee files has been undertaken to ensure no other such anomalies exist and it can be confirmed that no pre employment checks are lacking in any cases.</p>

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



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