

# Unannounced Care Inspection Report 15 November 2018



## Hutchinson at Home

**Type of Service: Domiciliary Care Agency**

**Address: c/o Masserene Manor, 6 Steeple Road, Antrim, BT41 1AF**

**Tel No: 028 94 487779**

**Inspector: Bridget Dougan**

**User Consultation Officer (UCO): Clair McConnell**

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**

Hutchinson at Home is a domiciliary care agency which provides support to 48 individuals living in their own homes. Services provided include personal care, medication support and meal provision and are commissioned by the Northern Health and Social Care Trust (NHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Hutchinson At Home  <b>Responsible Individual:</b> Naomi Carey	<b>Registered Manager:</b> Not applicable
<b>Person in charge at the time of inspection:</b> Samuel Mullan	<b>Date manager registered:</b> Samuel Mullan – application not yet submitted

### 4.0 Inspection summary

An unannounced inspection took place on 15 November 2018 from 11.00 to 16.30.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to provision of induction, supervision and appraisal, adult safeguarding and risk management. Care records, audits and reviews were well maintained. The culture and ethos of care in the agency, promoted treating service users with dignity and respect. There were good governance and management arrangements in relation to the day to day operations of the service. All those consulted with as part of the inspection process indicated that they were generally satisfied with the care and support provided.

Areas requiring improvement were identified in respect of pre-employment checks, retention of staff training records and the management of complaints records.

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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Samuel Mullan, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 25 May 2017

No further actions were required to be taken following the most recent inspection on 25 May 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 reports
- record of notifiable events for 2017/2018
- all correspondence received by RQIA since the previous inspection
- user consultation officer (UCO) report

The following records were examined during the inspection:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• three staff recruitment records</li> <li>• three staff induction records</li> <li>• two staff supervision and appraisal records</li> <li>• staff training records for 2017/2018</li> <li>• records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)</li> <li>• three service user records regarding, assessment, care planning, review and quality monitoring</li> </ul> | <ul style="list-style-type: none"> <li>• daily logs returned from the service users' homes</li> <li>• RQIA registration certificate</li> <li>• a selection of policies and procedures</li> <li>• complaints and compliments records</li> <li>• service user guide/agreements</li> <li>• statement of purpose</li> <li>• manager's service user audits</li> <li>• monthly quality monitoring reports</li> </ul> |
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As part of the inspection the User Consultation Officer (UCO) spoke with two service users and five relatives, by telephone, on 22 October 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with management of medication, assistance with personal care, meal provision and housework.

During the inspection the inspector spoke with the manager, a team leader, three care staff and the administrator.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Fifteen staff and eight visiting professionals' responses were received. The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 25 May 2017

The most recent inspection of the agency was an unannounced 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 were reviewed relating to staff recruitment, induction and training. These policies and procedures were found to be up to date and compliant with relevant regulations and standards.

A sample of three staff personnel records was reviewed and evidenced that all required pre-employment checks had been satisfactorily completed in accordance with the regulations. An area for improvement has been made for the manager to sign and date the recruitment checklist to confirm that all the relevant checks have been completed and the staff can commence employment.

The manager confirmed all staff were registered with the NISCC or were in the process of registering. The manager discussed the system in place to identify when staff were due to renew their registration and provided reassurances that staff are not permitted to work if their NISCC registration has lapsed.

A review of records confirmed that all staff had received a structured induction programme in line with the timescales outlined within the regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance. Staff consulted with confirmed that this included mentoring through observation of practice, formal supervision meetings and appraisals.

A review of staff training records evidenced that training had been provided in all mandatory areas. Compliance with training was monitored on a regular basis by the manager and as part of the monthly quality monitoring processes. While the names and signatures of those attending the training event and the dates of the training had been retained, we were unable to evidence that the name and qualification of the trainer and the content of the training programme had been retained. An area for improvement has been identified in this regard. The content of all mandatory training was submitted to RQIA following the inspection.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Hutchinson at Home. There were mixed results regarding new carers being 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 that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling and management of medication. All of the service users and relatives interviewed confirmed that they knew who to contact if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "They were very, very good."
- "Consistency was good; got to know them."
- "We appreciate the help with XXX but it's hard to build up a rapport due to the changes."

The issues identified by the service users with regard to consistency of staff were discussed with the manager during the inspection. The manager informed us that there had been a high turnover of staff over the past few months following changes to the management structure, however this had now settled and assurances were provided that there was a more stable staff team in place. The manager agreed to investigate and respond to the issues raised by service users.

The staff spoken with had a clear understanding of their role and responsibility in relation to adult protection and how they should report any concerns that they had. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the company holds this responsibility and ensures that the agency's safeguarding activity is in accordance with the regional policy and procedures. A review of safeguarding documentation confirmed that any reports of potential concerns had been received and were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Discussion with the manager and a review of the accident and incident records confirmed that any accidents/incidents which had occurred since the previous inspection were recorded and notified to the HSC Trust in keeping with local protocols.

Review of records management arrangements evidenced that appropriate storage and data protection measures were being maintained in line with General Data Protection Regulation (GDPR) introduced in May 2018.

Review of the environment confirmed that the premises are suitable for the purposes of the agency as set out in their Statement of Purpose.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of induction, supervision and appraisal, adult safeguarding and risk management.

### **Areas for improvement**

Two areas for improvement were identified in regard to pre-employment checklist sign off by the manager and the retention of staff training records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or missed calls; however there were mixed results regarding consistency of carers and new carers being introduced to the service user by a regular member of staff.

No issues regarding communication between the service users, relatives and the staff from Hutchinson at Home were raised with the UCO. Some of the service users and relatives were able to confirm that home visits and phone calls have taken place to obtain their views on the service; or that they have received a questionnaire.

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

- "New faces all the time. I would prefer a regular team."
- "We're happy with the care."
- "It gives me peace of mind that someone calls with XXX and will let me know if anything is wrong."

The inspector examined three service users' care records and found these to be detailed, personalised and reflective of the level of care and support provided.

The manager advised that care reviews with the HSC Trusts were held annually or as required and that agency staff attended, when invited. The records reviewed identified that service user monitoring had taken place in keeping with the agency's policy and procedures.

Service User Agreements were confirmed as having been provided to service users, in keeping with the minimum standards.

The review of the daily notes, returned from service users' homes identified that the care and support had been provided, as per the care plan agreed by the commissioning trusts.

Quality monitoring reports indicated consultation with a range of service users, relatives and HSC Trust representatives.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required.

Staff consulted during the inspection stated that they felt that there was effective communication between all grades of staff. The returned questionnaires from staff evidenced that thirteen staff were ‘satisfied’ or ‘very satisfied’ that the care was effective. Two staff stated they were unsatisfied or very unsatisfied in this regard. No negative comments were received from staff to support this feedback. Eight visiting professionals also returned completed questionnaires. The professionals provided the following comments:

- “very pleased with the service, Sam is very easy to get in contact with and very accommodating where he can be.”
- “there was a noticeable unsettledness when there were recent changes in management which I was not made aware of. I had not been aware of any issues prior to this and had always had a very positive experience of previous management. The situation seems to be settling but it was unfortunate that this change appeared to be done without our knowledge and we as named workers found out by chance from our service users. The new manager does appear responsive and efficient.”

The feedback from staff and visiting professionals was communicated to the manager for review and action, as appropriate.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

There are 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 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.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.



Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Hutchinson at Home. Examples of some of the comments made by service users or their relatives are listed below:

- “No concerns with the carers.”
- “The girls are very kind and gentle.”
- “No issues at all.”

As part of the inspection process, the inspector spoke with five staff members. Some comments received are detailed below:

- “I find the management very supportive of me in my new role.”
- “the service users are treated with dignity and respect.”
- “I have no concerns regarding the quality of care provided to our service users.”

Fifteen staff provided electronic feedback to RQIA regarding the quality of service provision. Thirteen respondents indicated that they felt either ‘satisfied’ or ‘very satisfied’ the care provided was safe, effective and compassionate and that the service was well led. Two staff stated they were dissatisfied or very dissatisfied across all four domains. No comments were provided by staff to support the negative feedback. Staff provided the following comments:

- “great supportive company to work for, managers are fantastic and very approachable.”
- “I think Sam is a wonderful boss, who is approachable, reasonable and very fair. The service provided is exceptional for the time that we get. Issues (if any) are resolved quickly and fairly. Training is available and Sam does really helpful training sessions if more than one person has a question about something.”
- “I have worked for Hutchinson care homes for 17 years and feel since Sam took over in June there have been massive improvements, in fact I now work bank shifts to support the business weekly.”
- “I am happy in my place of work.”

Some comments provided by visiting professionals who also returned completed questionnaires:

- “my experience with staff and management is that they are very professional and committed care professionals.”
- “I find the communication with the management of Hutchinson at Home to be very open and transparent. I also believe that Hutchinson at Home strive to implement person-centred practice in their approach to service delivery.”

The results of the staff and visiting professionals’ survey were discussed with the manager post inspection. The manager agreed to discuss the results at a staff meeting and to follow up and address any concerns raised by staff members.

### **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.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. The UCO was informed that consistency of carers has been raised with management.

The organisational structure of the agency and the lines of accountability were outlined within the Statement of Purpose. Discussion with staff indicated they understood the organisational structure and their roles and responsibilities within it.

There was a process in place to ensure that policies and procedures were systematically reviewed.

There was a process in place to ensure that complaints were managed in line with the regulations and minimum standards. The inspector noted a number of complaints had been received since the last inspection. Records reviewed generally confirmed that each complaint had been appropriately managed in accordance with the agency's policy and procedure. An area for improvement has been identified to ensure that records are maintained of all communication with complainants, the results of any investigations and the action taken. The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of service users. The agency collected equality data on service users such as; age, gender, race, disability, marital status via the commissioning Trust referral information. Equality training had also been provided to staff.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011.

Review of the results of the annual quality review report dated April 2018 provided positive feedback overall from service users, their representatives and other professionals regarding satisfaction with the service being provided.

The staff members consulted with indicated that the management team was supportive and approachable.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

One area for improvement was identified in respect of the management of complaints records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Samuel Mullan, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the pre-employment checklist has been signed and dated by the manager to confirm all relevant pre-employment checks have been completed prior to staff commencing employment.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This document is now signed by the manager prior to all staff commencing and any missing signatures have been updated</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2018</p>	<p>The registered person shall ensure that a record is kept in the agency, of all the training completed by each member of staff. In addition to the names and signatures of those attending the training event and the date of the training, the records should include the name and qualification of the trainer and the content of the training programme.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Noted and actioned as requested</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 15.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2018</p>	<p>The registered person shall ensure that records are maintained of all complaints, including all communication with complainants, the results of any investigations and the action taken.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> A complaints book as required by the regulations was in place at the time of the inspection and documentary evidence of the action taken re all complaints is available. A new summary file has been introduced as suggested during the inspection.</p>

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



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