

Announced Care Inspection Report 26 November 2020



Hutchinson at Home

Type of Service: Domiciliary Care Agency
Address: c/o Masserene Manor, 6 Steeple Road, Antrim, BT41 1AF
Tel No: 028 9448 7779 ext 208
Inspector: Corrie Visser

www.rqia.org.uk

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 provider 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 37 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.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual: Ms Naomi Carey	Registered Manager: Mrs Janet Montgomery
Person in charge at the time of inspection: Interim Service Manager	Date manager registered: 22 June 2019

4.0 Inspection summary

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 was undertaken on 13 February 2020. Since the date of the last care inspection, RQIA has not received any notifiable incidents nor any other correspondence or communications in respect of the agency.

The agency is located within a nursing home therefore a decision was made to undertake a remote inspection approach to reduce any risk in relation to Covid transmission.

An announced inspection took place on 26 November 2020 from 10.00 to 11.30 hours.

This inspection was completed following a review of information requested to be submitted to RQIA prior to the inspection. During the inspection, we focused on discussing aspects of the submitted information, in order to substantiate the information. We also focused on contacting stakeholders to obtain their views on the service quality.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff visited service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with them. This was also verified through discussion with the manager, service users and service users' representatives. We also reviewed the list of all Covid-related information disseminated to staff.

The inspection also assessed progress with the area for improvement identified during and since the last care inspection.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance on the use of personal protective equipment (PPE).

We were advised that the permanent manager of the agency has yet to be appointed as they are awaiting the Interim Service Manager to obtain the relevant qualification. Advice was given

in relation to the need for a registration application to be submitted to RQIA, when the qualification is obtained.

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.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and the Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*1

*one standard has been restated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the person in charge, 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 13 February 2020

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 February 2020.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report, returnable QIP, notifiable events, and written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with the person in charge.

Following our inspection we focused on contacting the service users, their relatives, staff and health and social care (HSC) representatives to find out their views on the service.

To ensure that the appropriate staff checks were in place before staff visited service users, we reviewed the following:

- recruitment records specifically relating to Access NI and NISCC registrations

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19: guidance for domiciliary care providers in Northern Ireland (updated 16 June 2020).

The manager advised that there had been no complaints received since the date of the last inspection. There had not been any safeguarding incidents since the previous inspection. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service users/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as not met.

6.0 The inspection

Areas for improvement from the last care inspection dated 13 February 2020		
Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.3 Stated: First time	The registered person shall ensure that all mandatory training requirements are met. Ref: 6.1	Not met
	Action taken as confirmed during the inspection: We reviewed the training matrix for all staff and it was noted that training was outstanding for a significant number of staff. This area for improvement will be restated for the second time.	

6.0 What people told us about this agency

The information received from speaking to service users, their representatives and professionals show that people were satisfied with the current care and support; however the information received from the online surveys raised a few concerns as outlined below.

We spoke with two service users, two service users' representatives and three staff members by phone following the inspection. Four HSC representatives were also contacted. Comments are detailed below:

Staff

- "I enjoy being out and about and enjoy meeting new service users."

- “Good support by management.”
- “No issues with PPE.”
- “They are a good team.”
- “I like working for them.”
- “Induction was good and a lot of shadow shifts.”
- “I’m happy working there.”
- “I’m very happy with management.”
- “I have never worked for such lovely and nice people.”
- “The induction, training and shadow shifts gave me the skills and knowledge I needed to provide care for service users.”

Service users’ representatives

- “I am very happy with the girls.”
- “They are good at wearing their masks, gloves and aprons.”
- “They are always in their uniform and always on time.”
- “Very respectful.”
- “My relative loves the carers coming and have a good relationship with them.”
- “They are doing a pretty good job and we are happy.”

HSC’ representatives

- “My service user gets on very well with all members of staff and any issues, the interim service manager would contact myself.”
- “Due to the current climate, all our care reviews have been completed via telephone and when the interim service manager has been emailed for an update, she emails back efficiently and we address any concerns.”
- “I have had a good experience with the care staff.”
- “The staff have been well mannered and willing to follow any recommendation I have given or suggested. They have been caring towards the service user and shown a client centred approach to their service, giving the time necessary for the tasks. Often they have been noted to go beyond their duty to ensure service user comfort and safety.”
- “Office staff have been more than helpful and communicated the concerns of their carers well.”
- “The family spoken very highly of Hutchinson at Home and never had any issues.”
- “I have always found them to be very professional and provide a good consistent service.”
- “With Hutchinson at Home I experienced zero interruptions in care during the on-going pandemic.”
- “They will always report any issues and concerns and will respond in a timely fashion to queries. Communication is always good.”
- “I find Hutchinson at Home to be one of the better care providers that I work with and from general feedback, service users and their families seem to be very happy too.”

One service user and one relative provided feedback via the electronic survey. Two responses were incomplete. The relative was ‘very satisfied’ that the care was safe, effective and compassionate and that the service was well-led. The service user was ‘unsatisfied’ that the care was safe and effective, ‘undecided if the care was compassionate and ‘very unsatisfied’ that the care was well-led. This questionnaire is confidential therefore we could not contact the respondent to discuss their replies further and no comments were included to explain their opinions. The person in charge was made aware of the responses in the questionnaire and stated that recent service users’ monitoring forms were undertaken and reported that everything was positive. Written comments from the relative included:

- “Hutchinson at Home continue to provide my relative with an excellent ‘sitting service’.”

One service user/relative questionnaire was received and the relative who responded was ‘very satisfied’ that the care being delivered was safe, compassionate, effective and well-led. A comment included:

- “We appreciate the difficulty of recruiting and keeping staff, but the high changeover of staff is disconcerting. Perhaps conditions need to be reviewed in order to keep staff more content and valued.”

This comment was discussed with the person in charge who reported that Hutchinson at Home have a lot of incentives for staff, however a number of staff have left their post due to personal circumstances or progressing careers in other areas of work.

12 responses were received from staff, two, however, were incomplete. Nine respondents were either ‘very satisfied’ or satisfied that the care being delivered was safe, compassionate and well-led. One respondent was ‘very unsatisfied’ that the care being delivered was safe and well-led and ‘unsatisfied’ that the care was compassionate and effective. One respondent was ‘undecided’ if the care was well-led and another was ‘unsatisfied’ in this domain. No comments were received from the respondents who expressed these views and the survey is confidential therefore we were unable to ascertain any further information or discuss the responses with the respondents. One comment was received which included:

- “Enjoy my work.”

These responses were discussed with the person in charge. It was reported that staff are given the opportunity to raise issues during supervision or at any other time. It was agreed that staff will be spoken to during their supervision to ascertain what the issues are that staff feel need addressed.

6.1 Inspection findings

Recruitment

The review of the staff records confirmed that recruitment was managed in keeping with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of the staff records confirmed that all staff are currently registered with NISCC. We noted that there was a system in place each month for monitoring staff registrations. The person in charge advised that staff are not permitted to work if their professional registration lapses. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Governance and management oversight

The person in charge advised that there had been no complaints received or safeguarding incidents since the date of the last inspection. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23. It was noted that there lacked consultation with relevant stakeholders in the sample reports reviewed. An area for improvement has been made in this regard.

The acting management arrangements were discussed. We were advised that they are awaiting the Interim Service Manager to obtain the relevant qualification. Advice was given in relation to the need for a registration application to be submitted to RQIA, when the qualification is obtained. When received, RQIA will review the application for registration in this regard.

Covid-19

We spoke to the manager and to three staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- dissemination of information to staff
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19
- PPE storage and disposal
- staff training and guidance on IPC and the use of PPE equipment in line with guidance.

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

Based on feedback it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

Areas of good practice were identified in relation to recruitment practices and in relation to staff registrations with their professional body. Based on the person in charge, staff and relatives' feedback, it was evident that all staff and service users had been adhering to the current Covid-19 use of PPE guidelines.

Areas for improvement

One area for improvement was identified during this inspection in relation to the monthly quality monitoring reports and one area for improvement identified at the previous inspection has been restated for the second time in relation to staff training.

	Regulations	Standards
Total number of areas for improvement	1	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 the person in charge, 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 Regulations (Northern Ireland) 2007 and 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 Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 23 (1) (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This refers to obtaining feedback from all stakeholders involved in the care of the service users.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>At the time of inspection responses to the most recent requests for feedback from users where available for viewing. However, due to the nature of the inspection being virtual these were not viewed on this occasion. A summary will be provided of these most recent responses from late October 2020.</p> <p>Furthermore, a license for 'Survey Monkey' has been purchased and a regular survey will be issued to all clients and staff via this approach.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 12.3</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that all mandatory training requirements are met.</p> <p>Ref: 6.0</p>
	<p>Response by registered person detailing the actions taken:</p> <p>On the day of the inspection 4 staff required their mandatory training to be updated and this had been scheduled to complete several days later. Unfortunately, due to the nature of the current operating environment the staff involved had to have their training postponed as the <i>global pandemic</i> needs of the team required all four to be utilized on the day of the scheduled training. All four were then also reassigned to the first Mandatory Training session of 2021 and all are due to be on the session on 20th January 2021. However, one has been moved to the session on 3rd Feb 2021 for operational reasons.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)