

Unannounced Care Inspection Report 13 February 2020



Hutchinson at Home

Type of Service: Domiciliary Care Agency
Address: c/o Masserene Manor, 6 Steeple Road, Antrim, BT41 1AF
Tel No: 02894487779 ext 208
Inspector: Corrie Visser

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 46 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(s): Ms Naomi Carey	Registered Manager: Mrs Janet Montgomery
Person in charge at the time of inspection: Interim Services Manager	Date manager registered: 15 April 2018

4.0 Inspection summary

An unannounced inspection took place on 13 February 2020 from 09.30 to 11.30 hours.

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 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and 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.

One area requiring improvement was identified in relation to staff training.

Evidence of good practice was found in relation to staff recruitment, management of complaints and staff registration with the Northern Ireland Social Care Council (NISCC).

All those spoken with commented positively in relation to the support and care provided.

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
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Lisa Gifford, interim services 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 15 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 November 2018.

5.0 How we inspect

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

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with HC professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff visited service users.

- Recruitment records specifically relating to Access NI and NISCC registration.

Questionnaires and “Have we missed you?” cards were provided to give service users and those who visit them the opportunity to contact us after the inspection with their views. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were returned within the timeframe for inclusion within or these report.

Ten questionnaires were also provided for distribution to the service users and their representatives; four responses were returned; analysis and comments are included within the report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

The inspector spoke with two service users, three staff members, three service users’ relatives and three NHSCT representatives.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the person in charge, service users, service user’s relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 15 November 2018		
Action required to ensure compliance with The Domiciliary Care Agency Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 11.2 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed four recruitment files and it was evident that the agency had created a checklist to ensure all pre-employment checks were completed prior to staff commencing shift. The checklist was signed and dated by the manager and it included the start date for the staff member.</p>	
Area for improvement 2 Ref: Standard 12.7 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed the training records retained by the agency. These records included the names and signatures of all attendees as well as the name of the trainer and their qualifications. The content of the training session was also records as were the date, time and venue.</p>	
Area for improvement 3 Ref: Standard 15.10 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed the complaints records and it was evident that there was a robust investigation for every complaint, including the</p>	

	outcome, any follow up actions that were required, if appropriate and the complainant's level of satisfaction.	
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6.1 Inspection findings

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to AccessNI.

The inspector reviewed the matrix retained by the agency which confirmed that all staff were currently registered with NISCC. The inspector noted that the manager had a system in place each month for monitoring registration status of staff with the relevant regulatory body and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

The inspector reviewed the training matrix for all staff and it was noted that there were a significant number of staff who had outstanding mandatory training. This was discussed with the interim services manager who advised that dates until the end of May 2020 have been provided for staff to attend the mandatory training to ensure compliance. An area for improvement has been made in this regard.

The inspector spoke to three staff members, who were knowledgeable in relation to their responsibilities in reporting concerns. The staff members spoken to were confident that management would take them seriously and act upon their concerns. Some comments received are detailed below:

Staff comments:

- "good support from the manager."
- "training refreshes my brain."
- "if I have any concerns, I contact on call or the office."
- "if I am running late due to an emergency, the next service user is contacted to explain."
- "supervisions are useful."
- "the company invest in their staff."
- "communication is the key."
- "we are more like a family."

The inspector also spoke to two service users, three service users' relatives and three NHSCT community professional. Some comments are detailed below:

Relative's comments:

- "the girls are great."
- "no issues with timekeeping."
- "**** is given choices when appropriate."
- "the girls are able to meet the needs of ****."
- "if the girls are running late, they ring in advance."
- "the girls are very friendly."

- “very happy with all of **** care.”

Service users’ comments:

- “I am happy with the care.”
- “very helpful.”
- “no complaints at all.”
- “I’m given choices.”
- “I am well looked after by my carers.”
- “just a pity with pay and hours that the staff is turned over a bit.”
- “I am just grateful to get home from hospital quick once my package is in place. Do think carers do deserve recognition for this.”
- “great team.”

NHSCT community professional:

- “one of the better services.”
- “having a package with Hutchinson at Home makes my job a bit easier as they are proactive and are forward thinkers.”
- “care workers do additional tasks for service users.”
- “good interaction with the manager and the manager responds quickly.”
- “they go above and beyond.”
- “a service user’s dog is incorporated into the care plan so as to ensure the service user can keep the dog. Care workers feed the dog and let the dog out every morning.”
- “Hutchinson at Home are proactive if concerns are raised.”
- “some care workers are not following the care plans.”
- “timekeeping can be poor.”

These comments were discussed with the interim services manager who advised that these issues will be addressed with the individual care workers as well as through supervision and team meetings.

Four service users/relatives questionnaires were returned to RQIA. Two respondents indicated that they were very satisfied that care was safe, effective, compassionate and well led. One respondent indicated that they were very satisfied that care was safe, effective and compassionate and satisfied that the care is well led. One respondent indicated that they were satisfied that the care was safe, effective and compassionate and was unsatisfied that the care is well led. No comments were provided on this questionnaire or any contact details for this to be discussed further.

Areas of good practice

Areas of good practice were identified in relation to staff recruitment, management of complaints and staffs’ registration with the Northern Ireland Social Care Council (NISCC).

Areas for improvement

One area for improvement was identified in relation to staff training.

	Regulations	Standards
Total number of areas for improvement	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 Ms Lisa Gifford, interim services 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 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 Minimum Standards, 2011	
Area for improvement 1	The registered person shall ensure that all mandatory training requirements are met.
Ref: Standard 12.3	Ref: 6.1
Stated: First time	
To be completed by: Immediately from the date of inspection	Response by registered person detailing the actions taken:

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



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