

# Announced Care Inspection Report 21 July 2016



## Hutchinson at Home

**Domiciliary Care Agency/Supported Living Service**  
**6 Steeple Road, Antrim, BT41 1AF**  
**Tel No: 02894487779 ext 208**  
**Lead Inspector: Jim McBride**  
**Accompanying Inspector: Kieran Murray**

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## 1.0 Summary

An unannounced inspection of Hutchinson at Home took place on 21 July 2016 from 09:30 to 12:30. The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring are in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

### **Is the service well led?**

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Service users and their representatives are provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms S Dowds registered manager (Registration Pending) as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent Care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation / registered provider:</b> Hutchinson at Home Naomi Carey	<b>Registered manager:</b> Stephanie Dowds
<b>Person in charge of the agency at the time of inspection:</b> Stephanie Dowds	<b>Date manager registered:</b> Stephanie Dowds – 22 June 2016

## 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016
- Complaints record

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

- Discussion with the manager
- Examination of records
- File audits
- Evaluation and feedback

On the day of inspection the inspector met with the registered manager (registration pending) to discuss her views regarding care provided by the agency, staff training and staffs general knowledge in respect of the agency. Feedback is contained within the body of this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA, seven questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users, one questionnaire was returned. Further detail of staff and service user feedback is included throughout this report.

The following records were examined during the inspection:

- Service user records in respect of referral, assessment, care plan and review
- Staff quality monitoring records (Spot Checks)
- Staff training schedule
- Staff recruitment and induction records
- Monthly monitoring reports for April to July 2016
- Annual quality report (client satisfaction survey) 2016
- The agency's Statement of Purpose
- The agency's Service user Guide
- Policies and procedures relating to; staff recruitment, supervision, induction, safeguarding whistleblowing, recording, confidentiality, incident notification and complaints

## 4.0 The inspection

Hutchinson at Home is a domiciliary care agency which at the time of inspection was providing services in the surrounding areas of Antrim, Ballyclare and Randalstown to support people to live as independently as possible, in their own homes. Support provided includes personal care, domestic tasks and medication management.

At the time of the inspection there were 40 individuals receiving a service from 22 staff. During the inspection the inspector spoke with the manager and her feedback has been included throughout this report.

Following discussion with the manager it was noted there was evidence of positive outcomes for service users. This has been demonstrated by the agency throughout this report.

The inspector would like to thank the manager for her warm welcome and full co-operation throughout the inspection process.

## 4.1 Review of requirements and recommendations from the most recent inspection dated 17 November 2015.

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the specialist inspector at their next inspection.

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	Staff from the agency attend review meetings or contribute by submitting a written report prior to the meeting.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The agency has requested the HSC Trust staff to inform them of reviews to which they will attend or submit a written report. The inspector examined the "Client Review" template in place which was satisfactory.	

#### 4.2 Is care safe?

A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

An induction programme has been completed with each staff member. A competency assessment had been carried out for each care worker and subsequent supervision records maintained. Recruitment and induction training was in accordance with those found within the agency procedures and records one area of concern was raised by the inspector in relation to a staff application form, However, the manager forwarded the required information to RQIA stating they were satisfied with the documentation provided. The following topics are covered during the induction period:

- Staff role
- Staff structures
- Mandatory training
- Emergency procedures
- Service failures and action to be completed
- Record keeping
- Medication policies
- Team working
- Role of RQIA
  
- Communication
- Care plans and Risk assessments
- Service users' information and care planning

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their 'Safeguarding and Protecting Service Users' policy and procedure provided information and guidance as required and did reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed which contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

The manager had a clear understanding of the roles and responsibility to identify and report actual or suspected abuse.

Staff questionnaires received by the inspector confirmed that staff had received safeguarding update training during the previous year.

The agency currently provides services to forty people living in their own homes. A sample of service user files confirmed that the agency management ensure service user needs were being met. The manager explained that the agency is not regularly invited to contribute either in writing or to attend the commissioning HSC Trust arranged care review meetings with service users/representatives. The manager stated they are only made aware of these meetings if they receive an amendment form from the HSC Trust detailing a change to the original care plan. The registered manager informed the inspector that they would continue to liaise with the trust as required. The inspector was given assurances that all information relevant to service users was up to date and available as required. The agency client review template documentation includes information on the following areas:

- Current support
- Safeguarding
- Care and support needs
- Mood and behaviour
- Physical health and mobility

Seven returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal

One returned questionnaire from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.3 Is care effective?

Staff questionnaires received by RQIA indicated that they received frequent monitoring/spot checks by their manager, along with quarterly supervision sessions and an annual appraisal.

The manager discussed records management during staff supervision meetings and during training updates, review of recent staff supervision records evidenced this topic.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or representatives' views had been obtained and where possible, incorporated.

Service user records evidenced that the agency carries out reviews with service users along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

The agency had completed an annual quality review report for 2015, with a summary report of findings and improvements planned. The manager confirmed the summary report had been provided to all service users. The content of the annual quality review report was discussed with the manager. The inspector noted the positive outcomes from service users in their satisfaction survey in relation to the following:

- Quality of care- 100% Good or excellent
- Respectfulness of staff- 95% Good or excellent
- Staff knowledge- 95% Good or excellent
- Choice, Respect and Dignity- 100% Good or excellent
- Handing of complaints -100% Good, satisfactory or excellent

Staff are provided with details of the care planned for each new service user or with changes to existing service users' care plans.

Seven returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them
- There are systems in place to monitor the quality/safety of the service you provide

Comments:

"All staff are very caring showing respect at all times."

One returned questionnaire from service users indicated that:

- Staff are trained to meet our needs
- They get the right care, at the right time and with the best outcome for them

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care compassionate?

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed by the inspector no staff practice issues were identified during spot checks and monitoring visits. The following information is reviewed during spot checks:

- Timing of care calls
- Dress
- Infection control
- Staff attitude
- Manual handling
- Record keeping

The agency's Statement of Purpose and Service Users Guide suggests that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The manager described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring provide assurance of quality monitoring and service improvement.

The inspector has included some comments made by service users, relatives, staff and HSC Trust professionals during monitoring visits:

Service user's comments:

*"I have no complaints."*

*"I'm treated well."*

*"The carers always come on time."*

HSC Trust comments:

*"I'm satisfied with the service."*

*"No concerns about my client."*

*"Staff communicate well."*

*"Staff spend the required time with my client."*

Relatives' comments:

*"Staff are all very nice."*

*"I'm very pleased."*

*"The girls are great."*

*"Staff have a great way of working with my \*\*\*."*



Staff comments:

*“My induction was good.”*

*“Staff are polite and understanding.”*

*“Happy with training.”*

*“The other staff were very help during my induction.”*

Seven returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- That the people who use the service have their views listened to.

One returned questionnaire from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care
- Their views and opinions sought about the quality of the service

No areas for improvement in relation to compassionate care were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose and Service Users Guide were both reviewed.

Discussion with the manager evidenced that there was a clear organisational structure within the agency.

The policy and procedure manual was reviewed and contents discussed with the manager. The manager confirmed that staff had access to the agency’s policies and procedures. The arrangements for policies and procedures to be reviewed, at least every three years, was found to have been implemented as a number of policies sampled were last reviewed during 2015.

The complaints log was viewed for 2015 and 2016 to date, with no complaints recorded.

Discussion with the manager evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed a number of monthly monitoring reports. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

Seven returned questionnaires from staff indicated:

- The service is managed well
- We're satisfied that quality monitoring is undertaken regularly for both staff /volunteers and people who use the service

Comment:

“Managers are very supportive.”

One returned questionnaire from service users indicated that:

- Feel the service is managed well
- They were satisfied that any concerns or complaints would be listened to and responded to

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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