

Unannounced Care Inspection Report 25 May 2017



Hutchinson at Home

Type of service: Domiciliary Care Agency

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Inspector: Jim McBride

User Consultation Officer: Clair Mc Connell

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Hutchinson at Home took place on 25 May 2017 from 09.00 to 13.00.

The inspection sought to assess progress with any issues raised 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.

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. Ongoing staff training is supported through regular training sessions. Ongoing staff quality monitoring was also evident. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. Staffing levels reviewed and discussed during inspection supported appropriate staff in various roles to meet the needs of their service users. The inspection outcomes demonstrated sustained compliance with regulations and standards. 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 plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The inspection outcomes demonstrated sustained compliance with regulations and standards.

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. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. A range of compliments and feedback supported the inspector assessment of compassionate care being delivered. The inspection outcomes demonstrated sustained compliance with regulations and standards.

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. There was evidence of policies and procedures alongside the agency statement of purpose and service user guide. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. Processes were evident in support of

quality monitoring and review of potential incidents and/or complaints. The agency staff available appeared to have a clear understanding of staff roles and responsibilities within the management structure. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with S Dowd's, Registered manager and senior care staff, 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Hutchinson At Home Naomi Carey	Registered manager: Stephanie Dowd's
Person/s in charge of the service at the time of inspection: Senior Care Staff	Date manager registered: 22 June 2016

3.0 Methods/processes

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and four relatives, by telephone, on 24 May 2017 to obtain their views of the service. The service users interviewed have received assistance with personal care.

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Complaints records

- Records of communication received by RQIA.

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

- Discussion with senior care staff available
- Examination of records
- File audits
- Evaluation and feedback.

During the inspection the inspector spoke with two senior care staff regarding the care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. It should be noted that in the absence of the registered manager the staff available during the inspection gave a comprehensive and knowledgeable account of the service. The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

The staff were provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Only two staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Six service user records in respect of referral, assessment, care plan and review
- Service user daily recording logs
- Service user quality monitoring contacts
- Unannounced staff monitoring visits
- Six staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- Staff training records
- Safeguarding
- Medication
- Moving and handling
- Respect
- Challenging behaviour
- Recording and reporting
- Complaints log
- Monthly monitoring reports from January to May 2017
- Annual quality report for 2017
- The agency's statement of purpose
- Policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, incident notification and complaints
- Record of incidents reportable to RQIA in 2015/2016.

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 44 individuals receiving a service from 23 staff.

Following discussion with staff and on the examination of records, it was noted there was evidence of positive outcomes for service users. This has been demonstrated by the agency throughout this report.

4.1 Review of requirements and recommendations from the most recent inspection dated 21 July 2016

The most recent inspection of the agency was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 21 July 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

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. New carers had been 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 use of equipment. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "No complaints at all."
- "It's very reassuring for the family. The girls contact us if anything is wrong."
- "Don't know what we would do without them."

A number of policies and procedures were reviewed during the inspection relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards. Six staff files were sampled relating to the recruitment of care workers which verified that the pre-employment information and documents had been obtained as required for each of the care workers.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards and was in line with the regulation and standards.

All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with The Northern Ireland Social Care Council (NISCC) in line with NISCC timeframes and guidelines. The agency's senior staff confirmed the majority of staff are registered with (NISCC), with the remaining staff moving towards registration.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The updated 'Safeguarding' policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in (Partnership)').

Records indicated that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. The inspector noted that a senior manager is identified as the "Adult safeguarding champion. The Safeguarding champion is responsible for advising on safeguarding, monitoring safeguarding and monitoring appropriate returns. The safeguarding champion provides safeguarding advice and has overall responsibility to ensure staff training is provided.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas.

Records reviewed for staff members evidenced mandatory training, quality monitoring and supervision as being compliant with agency policy timeframes. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained. The agency's registered premises include offices and staff facilities suitable for the operation of the agency as set in the Statement of Purpose.

Two returned questionnaires from staff indicated:

- Staff feel that service users are safe and protected from harm
- There are risk assessments and Care Plans in place for the people who use the service.

Questionnaire comments:

"I have always been given training and support."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Hutchinson at Home were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place as well as questionnaires from the agency to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place.

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

- "First class. Would give them full marks."
- "Very happy with the care."
- "The support allows XXX to stay at home which is what we want."

Service user records viewed in the agency office 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 relatives' views had been obtained and where possible, incorporated.

A sample of service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The agency is sometimes invited to attend the commissioning trust arranged care review meetings with service users/representatives. The agency receives an amendment form from the HSC Trust detailing any agreed change to the original care plan.

Service user files also contained evidence of communications between the agency and HSC Trust key workers, where changing needs were identified and reassessments resulted in amended care plans. The agency is provided with details of the care planned for each new service user or with changes to existing service users' care plans. The agency had requested the views of service users on the quality of services being provided during 2016 via their annual satisfaction survey. Feedback had been obtained and collated into a quality report for 2017.

The inspector noted some of the areas the service users had the opportunity to comment on and the positive responses were noted:

- Quality of care
- Respectfulness of staff
- Choice, Respect, Dignity
- Staff knowledge
- Administration
- Handling of complaints
- Office support.

The inspector noted some of the comments received from service users during this quality review:

“Staff are very friendly and my ***** appreciates them all.”
 “The team are friendly yet professional. They are always on time.”
 “Staff are approachable.”
 “Thank you for making my care experience an easy one.”

Two returned questionnaires from staff indicated:

- There are systems in place to monitor the quality/safety of the service you provide
- The needs of the people who use the service kept under review.

Questionnaire comments

“Very good regular spot checks and review meetings are in place for clients.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

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.

Views of service users and relatives have been sought through home visits, phone calls or 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:

- “Very happy. The girls are very good and dedicated to their jobs.”
- “XXX has developed a great rapport with the girls.”
- “They have become like friends to us.”
- “Lovely girls.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through their annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users' homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with the staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. The inspector noted some of the areas observed during spot checks to people's homes:

- Timekeeping
- Uniform
- Infection control
- Appropriate actions with service users
- Listening and responding
- Manual handling procedures
- Medication
- Care plan adherence
- Recording of care given

Two returned questionnaires from staff indicated:

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

Questionnaire comments

"All the girls offer a high standard of care."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

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 not advised of any complaints regarding the service or concerns in regards to the management of the agency.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Stephanie Dowd's, a team of 23 care workers provides domiciliary care and support to 44 people living in their own homes.

Review of the statement of purpose evidenced that there was a clear organisational structure within the agency. The Statement of Purpose was reviewed and found to be appropriately detailed regarding the nature and range of services provided. This contained all information in compliance with Regulations and Standards. The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The arrangements for policies and procedures to be reviewed, every three years, were found to have been implemented consistently. Staff have access to the agency's policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency.

The complaints log was viewed for 1 April 2016 to 31 March 2017 with no complaints received during this time; this was verified during discussion with the senior staff available.

A review of their policy and procedure on notification of events evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. The incident reports had been received during the past year were reviewed by the inspector and the records in place were satisfactory.

The inspector reviewed the monthly monitoring reports from January 2017 to May 2017. These reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

The inspector noted comments from Service users, Relatives, Staff and the HSC Trust.

Service users

"The service is wonderful; the girls are more than kind"
 "My two staff I have are fantastic, I have no complaints."
 "Staff are flexible and helpful."
 "I'm delighted with the care I receive."
 "Staff are pleasant and efficient."
 "Staff treat me with respect and I value their friendship."

Staff

"I get on well with my work colleagues."
 "My appraisal was very helpful and I got good feedback from the manager."
 "The girls are good to work with and I am well supported by the management."
 "The training and support is very good."
 "My induction was excellent."

Relatives

"The changed care times, at our request are better."
 "The girls are great."
 "The service is working well for me."
 "The staff are friendly I have no complaints."
 "The girls are very understanding and treat my ***** very well and with respect."
 "It's easy to contact the service; communication is good between me and the staff."
 "The service is very good I have no complaints at all."
 "The carers come on time and are very pleasant."

HSC Trust

"I'm satisfied with the service provided to my clients."
 "I'm pleased that the manager attends meetings and reviews."
 "I'm content with the communication between me and the manager."

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.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector saw evidence that the majority of staff are registered with The Northern Ireland Social Care Council (NISCC). Documentation in place showed that the remaining staff are awaiting their registration certificates.

Two questionnaires returned from staff indicated that:

- Feel the service is managed well.
- Were satisfied that quality monitoring is undertaken regularly for both staff and people who use the service.
- Were satisfied that complaints from the people who use the service are listened to.
- Were satisfied that the current staffing arrangement meets the service user’s needs.

Questionnaire Comments

“The manager and the seniors work very well and everything runs smoothly.”
 “There’s good communication between the members of staff.”
 “Staff are trained well and shadow every care run before any lone working.”
 “New staff members are always placed with experienced staff.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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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