



The **Regulation and
Quality Improvement
Authority**

**HCNI Ltd t/a Caremark
RQIA ID: 12172
Unit 5e, North Down Development
Organisation Ltd
2 - 4 Balloo Avenue, Bangor
BT19 7QT**

**Inspector: Amanda Jackson
User Consultation Officer: Clair McConnell
Inspection ID: IN23836**

**Tel: 028 91467004
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**Unannounced Care Inspection
of
HCNI Ltd t/a Caremark**

02 November 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 02 November 2015 from 09.30 to 17.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

The details of the QIP within this report were discussed with the registered manager Emily Magrath and the agency care manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: HCNI Ltd/Mr Richard David Magrath	Registered Manager: Mrs Emily Margaret Magrath
Person in charge of the agency at the time of Inspection: Mrs Emily Margaret Magrath and the agency care manager	Date Manager Registered: 01 July 2014
Number of service users in receipt of a service on the day of Inspection: 149	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report.

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

- Discussion with the registered manager and agency care manager.
- Consultation with six staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with five service users and three relatives in their own home on 30 October 2015 to obtain their views of the service. The service users interviewed live in Belfast and Holywood and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Housework
- Financial assistance i.e. shopping.

The UCO also reviewed the agency's documentation relating to six service users.

The following records were examined during the inspection:

- Statement of purpose
- Three staff training and competency records
- Supervision and appraisal policy
- Three staff supervision and appraisal records
- Three staff recruitment records
- Three service user restraint records
- Management, control and monitoring of the agency policy
- Quality assurance policy
- Two incident records

- Three monthly monitoring reports
- Annual quality surveys process for 2015
- Staff quality monitoring template regarding recording and reporting
- Service user agreement
- Three service users referral, care plan, risk assessment information
- Two service users review documentation (trust and agency)
- Three compliments
- Three complaints
- Two service users quality monitoring records
- Four staff quality monitoring records
- One service user contact record
- Communication book/log and three records
- Two text messages
- Two staff rota's
- Procedure for management of missed calls
- One missed call record
- Three late call records
- One email communication to the HSC trust
- On call policy
- Staff handbook.

5. The Inspection

HCNI Ltd t/a Caremark are a domiciliary care agency based in Bangor, Co.Down and operating since 2013. The agency provides service to approximately 149 service users within the locality areas of Bangor, Newtownards, Holywood, Donaghadee and Greyabbey (South Eastern HSC trust area) and within Dundonald (Belfast HSC trust area). The agency provides services in the areas of personal care, meal provision, medication management, house work and security checks. The agency currently employs 76 staff.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection on 2 February 2015. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 5 and Schedule 1	The registered manager is required to review the statement of purpose to ensure compliance with Regulation 5 and Schedule 1 and page 47 of the minimum standards.	Met
	Action taken as confirmed during the inspection: The inspector confirmed the revised statement of purpose dated 02 February 2015 was available and up to date at the time of inspection.	

<p>Requirement 2</p> <p>Ref: Regulation 10 Regulation 16(1)(a)</p>	<p>The registered manager is required to ensure appropriate implementation of mandatory training across all staff groups to include supervision and appraisal training for manager and management staff as appropriate. Competency assessments are also required for all mandatory areas.</p> <p>(Minimum standard 12)</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The inspector confirmed the records for three staff members, the agency care manager were available and up to date at the time of inspection regarding mandatory training, competence assessments and management training were appropriate.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 16(4)</p>	<p>The registered manager is required to review and revise the agency policy on Supervision and appraisal and ensure appropriate application across all staff groups including management staff and care staff.</p> <p>(Minimum standard 13)</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The inspector confirmed the revised supervision and appraisal policy dated 02 February 2015 was available and up to date at the time of inspection. Review of three staff supervision and appraisal records for the agency care manager, one co-ordinator, and one care staff were confirmed as compliant.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 13 and Schedule 3</p>	<p>The registered manager is required to ensure all staff recruitment information is compliant with Regulation 13 and Schedule 3 and minimum standard 11.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The inspector confirmed three recently commenced staff recruitment records were available and up to date at the time of inspection.</p>		

Requirement 5 Ref: Regulation 15(10)(11)	The registered manager is required to ensure service user restraint is appropriately detailed within the service user care plan/risk assessment.	Met
	Action taken as confirmed during the inspection: The inspector confirmed three service user records were available and up to date at the time of inspection.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 9 and appendix 1	The registered manager is recommended to develop or review the following policies and procedures: <ul style="list-style-type: none"> • Management, control and monitoring of the agency. • Supervision and appraisal. 	Met
	Action taken as confirmed during the inspection: The inspector confirmed the Management, control and monitoring policy dated 10/04/15 was appropriately detailed regarding measures in place for quality monitoring. The supporting 'Quality assurance' policy dated 02 February 2015 details the procedures for monitoring across the service. The inspector confirmed the revised supervision and appraisal policy dated 02 February 2015 was available and up to date at the time of inspection.	
Recommendation 2 Ref: Standard 7.13 Standard 14.8	The registered manager is recommended to ensure all incidents are appropriately followed up and records retained to validate processes.	Met
	Action taken as confirmed during the inspection: The agency submitted three incidents to RQIA since the previous inspection. Review of one of the incidents together with a legacy incident from June 2014 confirmed all matters had been appropriately managed.	

<p>Recommendation 3</p> <p>Ref: Standard 8.11</p>	<p>The registered manager is recommended to review the current monthly monitoring process and evidence.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of three monthly monitoring reports for July, August and September 2015 still remain brief in their content, do not incorporate staff competency matters (were appropriate) and provide limited information regarding incidents and audit trails. Further discussion took place during this inspection in respect of these matters. The inspector requested submission of the following three monthly reports for October, November and December 2015 to RQIA for review in meeting this recommendation.</p>	<p>Partially Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.12</p>	<p>The registered manager is recommended to review the current annual quality review/report.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The 2015 annual quality report is currently being compiled by the agency. Evidence of service user and staff survey feedback and analysis were available for review at inspection. A draft survey for commissioners was also reviewed and is due to be issued over the coming days. The registered manager discussed how the final report will be issued to service users over the coming weeks with service users Christmas correspondence. The inspector requested submission of the annual quality report with the returned QIP from this inspection to confirm completion of recommendation four.</p>	<p>Partially Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 4 and Standard 5</p>	<p>The registered manager is recommended to review templates used by the agency for monitoring of staff recording and reporting and review of the service user agreement regarding service user money management.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of two audit records in service user home files evidenced a process for reviewing appropriate staff recording. Where staff recording was not appropriate in one file the agency had taken appropriate action to address the matter within a staff meeting and individually through staff supervision.</p>	<p>Partially met</p>

	A revised service user agreement template has not taken place following the previous inspection and is recommended further.	
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5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is care safe?

Service user referral information received from HSC Trust commissioners contained a reasonable level of information regarding service user and/or representative's views. The referrals detailed a care plan and risk assessment. The agency care plans and risk assessments completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. Service user guides and agreements had been provided to service users and were signed by service users or their relative.

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 the carer's knowledge of the required care. The inspector discussed this matter with the registered manager and agency care manager during inspection and agreed that this matter would be reviewed by the agency management in light of the feedback from service users and in line with best practice which would support new staff being introduced to service users.

The documentation relating to six service users were reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan and risk assessment. On review of the log sheets, it was noted that there was some variation in call times and a small number of calls had not been recorded by the carers. The inspector further reviewed recording during the inspection and noted some discrepancies in logging by care staff. In light of the findings by the UCO and inspector a recommendation has been made in the QIP.

Overall on the day the inspector found that care was safe.

Is care effective?

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise.

Questionnaires are sent out by the agency to obtain the views of service users or their representatives. Management visits are taking place to discuss their care, and some of the people interviewed were able to confirm that observation of staff practice had taken place.

Review of staff quality monitoring during inspection confirmed an appropriate process and timeframes for staff observations. Evidence of the annual quality process for 2015 was reviewed during inspection together with the questionnaire returns from service users and staff. The inspector requested submission of the 2015 report upon completion as detailed

within the QIP. Service user quality visits and contacts were confirmed during inspection for two service users and had taken place in line with the confirmed timeframes.

The agency had received one complaint since the previous inspection. Review of this complaint, a further legacy complaint in 2014 and a matter raised via the RQIA duty system confirmed appropriate processes and records to support a satisfactory conclusion.

The compliments records from three service users and relatives reviewed during inspection contained positive feedback regarding the care provided to service users as detailed below:

'Staff member is very efficient and caring person, extremely sorry to see her go'

'Thank you to all the carers who went over and above for my mother, she was very fond of all the girls'

'Gratitude offered to staff member, 'she put "care" into her job'.

The agency has monthly monitoring reports completed by the registered person. The inspector reviewed three such reports and recommended further detail within the reports as detailed within the QIP.

Communication records viewed in the agency office evidenced how feedback was received and shared with staff as necessary in respect of changes to service users' needs via telephone contact and text messages. Six staff spoken with at inspection did however highlight that communication can vary depending on management staff on duty and this was discussed with the registered manager and agency manager during inspection in terms of their management governance reviews and monthly monitoring.

Six staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed how processes such as staff meetings, contact with the agency managers and supervisors share ongoing changes to service user's needs and evidence of these processes were reviewed during the inspection day. Additional staff training is currently being reviewed in the area of dementia care to ensure staff are appropriately knowledgeable in service users specific needs.

Overall on the day the inspector found that care delivery was effective.

Is care compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Caremark. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- “It’s nice to have the same girls.”
- “Overall I would give them a high score.”
- “No problems at all.”
- “Never had cause to complain.”

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits or annual surveys for the agency.

Staff interviewed confirmed that service users’ views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided is relevant to allow them to meet their service users’ particular needs.

Staff discussed one service user with communication difficulties and how the client uses a communication board/aid to communicate messages while the staff use facial and hand gestures to communicate in return. Staff also discussed a second service user who would communicate through facial and hand gestures when hearing is affected.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The agency has met the required standards in respect of theme one with exception to one recommendation regarding staff recording in service users files. A few matters were noted during the UCO review of service user home files and during the inspector review of one further record during inspection.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed and late calls. The agency has a policy and procedure for management of missed calls and this was reviewed as appropriate during inspection. The agency has had one missed call in early 2015. Review of records during inspection confirmed communication with the service user and the referring HSC Trust which is good practice and in line with trust contractual arrangements. Review of staff rota’s during inspection for two staff members reflected a process for allocating the staff numbers to service user calls however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

Overall on the day the inspector found that care delivery was safe.

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping; however there were mixed results regarding the agency contacting the service user if their carer has been significantly delayed. Four of the people interviewed also advised that they had experienced a small number of missed calls from the agency.

The registered manager confirmed that missed or late calls would not be a common occurrence in the service and evidenced that the one missed call as referenced in the above section was appropriately managed. The manager was unaware of any additional missed calls in respect of the UCO feedback and this was discussed during inspection as the UCO feedback suggested that two services users had stated, they did not inform the office regarding the missed call when it occurred hence the agency were unable to address the matter. Additional evidence in relation to the agency's contact with service users and trust professionals in such cases and when calls are running late was confirmed during inspection.

Procedures in place for staff quality monitoring were reviewed during inspection. Disciplinary processes were discussed during inspection but have not been implemented as the agency has only had one reported missed call in 2015.

Monthly monitoring reports completed by the registered person were reviewed but do not currently reference missed or late calls', this matter was discussed with the registered manager during inspection for any future cases.

Six staff interviewed on the day of inspection confirmed that they felt supported by management staff most of the time and demonstrated a clear understanding of their reporting processes if running late for their next service user visit. Staff did however highlight that communication with the office regarding late calls is not always passed onto service users and this was discussed with the registered manager and agency care manager during the inspection.

Overall on the day the inspector found that care delivery was effective.

Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the UCO generally suggested service quality to be good with appropriately trained and skilled staff. Were issues arise service users in the main described appropriate communication processes in order to keep them informed.

Six staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes were calls are missed or delayed.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The agency has met the required standards in respect of theme two with exception to inclusion of late or missed calls within the monthly quality monitoring process and report. This matter has been recommended.

Number of Requirements:	0	Number of Recommendations:	1
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5.3 Additional Areas Examined

No additional areas were reviewed during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Emily Magrath (registered manager) and the agency care manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk (paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 8.11</p> <p>Stated: Second time</p> <p>To be Completed by: With immediate effect from date of inspection and up to end of December 2015</p>	<p>The registered person is recommended to review the current monthly monitoring process and report. The registered person is recommended to include late or missed calls within the monthly review and report. Submission of reports for October, November and December 2015 are requested to RQIA for review.</p> <p>As discussed within recommendation three within the follow up section of this report and within theme two of the report regarding missed calls.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: October/November & Dec Monthly Monitoring will be submitted to RQIA</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.12</p> <p>Stated: Second time</p> <p>To be Completed by: 02 January 2016</p>	<p>The registered manager is recommended to review the current annual quality review/report and submit the 2015 annual report to RQIA for review.</p> <p>As discussed within recommendation four within the follow up section of this report.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The annual quality survey will be submitted to RQIA once complete, the expected date of this will be 31st Jan 2016</p>
<p>Recommendation 3</p> <p>Ref: Standard 4.2</p> <p>Stated: Second time</p> <p>To be Completed by: 02 January 2016</p>	<p>The registered manager is recommended to review the service user agreement regarding service user money management.</p> <p>As discussed within recommendation five within the follow up section of this report.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Along with the service users agreement, policy of managing service users monies and financial record sheet will be put in all clients homefiles beginning Jan 2016</p>
<p>Recommendation 4</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be Completed by: With immediate effect</p>	<p>The record maintained in the service user's home details (where applicable):</p> <ul style="list-style-type: none"> • the date and arrival and departure times of every visit by agency staff; • actions or practice as specified in the care plan; • changes in the service user's needs, usual behaviour or routine and action taken; • unusual or changed circumstances that affect the service user; • contact between the care or support worker and primary health and social care services regarding the service user;

	<ul style="list-style-type: none"> • contact with the service user's representative or main carer about matters or concerns regarding the health and well-being of the service user; • requests made for assistance over and above that agreed in the care plan; and • incidents, accidents or near misses occurring and action taken. <p>As discussed within theme one of this report.</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: All of the above is recorded in the log sheets and individual review form in service users home files. If calls are not logged this would be due to clients cancelling at very short notice.</p>		
Registered Manager Completing QIP	Emily Magrath	Date Completed	17/12/2015
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	A.Jackson	Date Approved	03/02/16

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address