

# Unannounced Care Inspection Report 2 April 2017



## HCNI Ltd t/a Caremark

**Type of Service: Domiciliary Care Agency**

**Address: Unit 5e, North Down Development Organisation Ltd,  
2 - 4 Balloo Avenue, Bangor BT19 7QT**

**Tel No: 028 9146 7004**

**Inspector: Amanda Jackson**

**User Consultation Officer (UCO): Clair McConnell**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of HCNI Ltd t/a Caremark took place on 02 April 2017 from 09.30 to 16.30 hours.

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. Ongoing staff training is supported through online and practical training sessions and reviewed through staff competency assessments in the service users' homes. 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 with all stakeholders supported appropriate staff in various roles to meet the needs of the service user group. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during inspection.

### **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. Service user guides and relevant information is provided to service users at service commencement and was reviewed during inspection to be in compliance with appropriate timeframes. The agency's systems of quality monitoring for service users and staff have been implemented consistently 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. Ongoing review of service quality through a range of contacts with service users, families and review of staff practice were evident. A range of compliments and UCO 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. The management had evidence of policies and procedures alongside the agency statement of purposes 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 staff rotas, quality monitoring and review of incidents and complaints. The registered manager and agency care manager demonstrated appropriate knowledge in managing the service and provided all requested information for inspection review. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in their managers to support them and address matters arising.

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
<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 Mrs Emily Magrath, Registered Manager, and the agency care manager, 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 QIP there were no further actions required to be taken following the most recent inspection on 06 October 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> HCNI Ltd/Mr Richard David Magrath	<b>Registered manager:</b> Mrs Emily Margaret Magrath
<b>Person in charge of the service at the time of inspection:</b> Mrs Emily Margaret Magrath	<b>Date manager registered:</b> 15 July 2014

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report and Quality Improvement Plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency

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

- Discussion with the registered manager and the agency care manager
- Consultation with five care staff
- Consultation with two trust professionals
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the User consultation officer (UCO) spoke with four service users and eight relatives, either in their own home or by telephone, on 29 and 30 March 2017 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals

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

During the inspection the inspector spoke with five care staff to discuss their views regarding care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was 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 requesting their return to RQIA. Five 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:

- Recruitment policy and procedure
- Three staff members' recruitment records
- Training and development policy and procedure (including induction policy)
- Supervision and appraisal policy and procedure
- Three staff members' induction and training records
- Three long term staff members' quality monitoring, supervision and appraisal records
- Three long term staff members' training records
- Three service user/staff duty rotas
- Adult safeguarding policy and procedure
- Whistleblowing policy and procedure

- Three new service user records regarding referral, assessment, care planning and introductory visits
- Three long term service users' records regarding review and quality monitoring
- Management, control and monitoring of the agency policy and procedure
- Quality assurance policy and procedure
- Recording keeping in clients' homes policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Staff handbook
- Agency process for verifying staff NISCC registration
- Three monthly monitoring reports
- Annual quality report 2016
- Three compliments
- A range of staff meeting minutes
- Three communication records with trust professionals
- Confidentiality policy and procedure
- Complaints policy and procedure
- Three complaints records
- Policies and procedures on incident reporting

#### 4.0 The inspection

HCNI Ltd t/a Caremark is a domiciliary care service based at Balloo Avenue, Bangor. The service provides care and support to 277 individuals living in their own homes across the South Eastern Health and Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT). Services provided include personal care, medication support and meal provision.

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 6 October 2016

The most recent inspection of the agency was an unannounced 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 6 October 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> Second time	The record maintained in the service user's home details (where applicable): <ul style="list-style-type: none"> <li>• the date and arrival and departure times of every visit by agency staff</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of six service user records took place during the UCO visits to service user own homes.	

	<p>Although date, arrival and departures times were generally consistent some variations in call times and gaps in recording were noted and discussed with the registered manager and agency care manager during inspection. The registered manager and care manager agreed to review same and advised that the calls not recorded may be due to service users cancelling certain calls and hence staff would not be present at the service user home to record a call not attended. The inspector was provided with assurances that all matters raised by the UCO would be reviewed and action taken where necessary with those staff involved.</p>	
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### 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 Caremark. There were mixed results in regards to new carers having been introduced to the service user by a regular member of staff or supervisor; 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. This matter was discussed with the registered manager and agency manager during inspection who provided assurances that the agency endeavour to introduce all staff to service users but due to holiday and absence this is not always possible.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling, use of equipment and management of medication. 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:

- "Only positive things to say."
- "Couldn't do without them."
- "Relief for the family. The girls contact me if anything is wrong."

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

Three files were reviewed relating to recently appointed staff. The registered manager and agency care manager verified all the pre-employment information and documents had been obtained as required. Review of three records during inspection confirmed compliance with Regulation 13 and Schedule 3 with exception to two files which had not been signed by the registered person or manager in respect of staff fitness to practice. The third file reviewed had been signed and the two unsigned files had a standard statement detailed for signing. Assurances were provided by the registered manager that this matter would be addressed immediately following inspection. The registered manager was also advised to ensure all staff health declarations were fully completed which was not evident in all files reviewed; again assurances were provided at inspection that this matter would be addressed were necessary.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Review of three staff files supported a three day induction process compliant with Regulation 16(5)(a). Staff spoken with during inspection confirmed they had received a three day induction and where necessary additional shadowing days are available where staff feel they require additional time. Two of the three staff members' recruitment records reviewed evidenced the staff members' registration with NISCC. The agency registered manager confirmed the majority of staff are registered with NISCC with the remaining staff moving towards registration. A range of communication methods used by the agency to inform staff of their requirement to register were reviewed during inspection; these included text messages and communication notes on weekly staff rotas. The monthly monitoring reports completed by the registered person also made reference to the current status of staff registered and registering. The agency's registered manager discussed the agency's plans to introduce an alert system to inform agency managers when staff are due to renew registration. All five care staff spoken with during inspection had commenced employment within the previous two years. These staff members described their recruitment and induction training processes in line with those found within the agency procedures and records. Staff were also able to describe their registration process with NISCC.

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

The inspector was advised that the agency has not had any safeguarding or whistleblowing matters arise since the previous inspection; discussion with the registered manager and agency care manager supported both having appropriate knowledge in addressing matters should they arise. Staff spoken with during inspection also presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process and name the safeguarding champion within the agency.

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. Training is facilitated through internal training resources online and power point presentations. Staff are also assessed during practical sessions both during the training and within service users' homes on an annual basis, and evidence of these assessments was contained within staff files reviewed during inspection. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Staff spoke of additional opportunities available for training in areas where staff felt they required more knowledge.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and assessment of manual handling and medication competence in service users' homes.

The registered manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services and this was evident during review of three service users' records. The registered manager confirmed that trust representatives were contactable

when required regarding service user matters, and evidence of communication with trust professionals was evident during inspection.

Service users spoken with by the UCO, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group. Feedback from two staff questionnaires raised some concerns regarding appropriate staffing levels and ongoing recruitment of staff; this feedback was shared with the agency care manager post inspection.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

### Areas for improvement

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 effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding 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. There were mixed results in regards to new carers being introduced to the service users or being aware of the care required. Discussion with the registered manager and agency care manager during inspection confirmed that the agency endeavour to introduce new staff to service users but this is not always viable to annual leave or cover for staff absence.

No issues regarding communication between the service users, relatives and staff from Caremark were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place. Some of the service users and relatives interviewed by the UCO also confirmed that they had received questionnaires from the agency to obtain their views on the service.

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

- "Very, very good."
- "Great wee team. Wouldn't want to lose them."
- "XXX thinks they're all great."

As part of the home visits, the UCO reviewed the agency's documentation in relation to six service users and variation in call times was noted. There was also log entries in relation to calls and administration of medicines that had not been completed. This was discussed with the registered manager and agency care manager for review and was suggested they may be due to cancelled services by the service users.



Service user records viewed included referral information completed by the agency care manager and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments as necessary. The reviews completed by the agency ongoing evidence that service users and/or representative's views are obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. Review of service users guides during inspection confirmed service users receive this information with an appropriate timeframe compliant with regulations and standards.

The agency's policy and procedure on record keeping in service users' homes had been developed in 2015. The agency maintain recording sheets in each service user's home file on which care staff record their visits. The UCO reviewed six completed records as referenced above and identified some areas for review.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care plan during the course of their time with the service. Service user files reviewed during inspection contained evidence of communications between the service users and relatives where changing needs were identified and reassessments resulted in amended care plans.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users' needs are identified. Staff interviewed confirmed ongoing quality monitoring of service users and staff practice is completed by their manager to ensure effective service delivery.

Staff interviewed during inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Questionnaires are provided for service users to give feedback on an annual basis. Evidence of this process was discussed during the inspection in terms of the annual quality report completed for 2016. Review of the 2016 annual report confirmed satisfaction with the service being provided. The agency also provided evidence of the annual quality report outcome being provided to service users and staff. The inspector discussed sharing the report findings with service commissioners as one of the key stakeholder groups. Assurances were provided by the registered manager and agency care manager that feedback would be provided to commissioners following completion of the 2017 report.

Staff questionnaires received by RQIA suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

### Areas for improvement

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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#### 4.5 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. Service users, as far as possible, are given their choice in regards to meals and personal care.

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

- “Happy with our team. XXX has got to know them all.”
- “The girls have a great way with them.”
- “XXX looks forward to them coming.”

The agency implements service user quality monitoring practices on an ongoing basis through home visits, telephone contact and through the 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 staff and managers. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. Where issues regarding staff practice are highlighted via other processes such as complaints or safeguarding, the registered manager and agency care manager discussed processes used to address any matters arising.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

Compliments reviewed during inspection taken from thank you cards and communications by service users’ families provided the following information in support of compassionate care:

- ‘Thanks to xxx (staff member) for how she handled the situation this morning, it is very much appreciated by me and the family, she is a credit to Caremark.’ (Phone call from a service users niece complimenting one staff member).
- ‘We want to thank you all for the wonderful care you gave xxx. Xxx enjoyed having you all in xxx home and it was a pleasure to meet all of you. We appreciate all you have done for xxx.’ (Thank you card from family member).
- ‘We have been assisted by many organisations while caring for our elderly xxx, however Caremark and specifically a particular staff has impressed us immensely. The staff in

question stands out as being wonderful. Her friendship and kindness were notable.’  
(Thank you card from family member).

- ‘Xxx (carer) is a class act.’ (Compliment from family member).

### Areas for improvement

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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#### 4.6 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. One relative advised that a complaint had been made and that they were satisfied with the outcome. No concerns regarding the management of the agency were raised during the interviews.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Mrs Emily Magrath, the agency provides domiciliary care to 277 people living in their own homes.

Review of the statement of purpose and discussion with the registered manager, and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and where clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations. 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 policy and procedures which are maintained electronically and in paper format were reviewed and contents discussed with the registered manager and agency care manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently. Staff spoken with during inspection confirmed that they had 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 2016-2017 to date, with a range of complaints logged. Review of three complaints during inspection supported appropriate processes in place for complaints review and resolution. Monthly quality monitoring reports include a section for complaints review ongoing as necessary.

Discussion with the registered manager and the agency’s care manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No incidents or safeguarding matters had occurred since the previous inspection.

The inspector reviewed the monthly monitoring reports for January to March 2017. The reports evidenced that the registered person monitors the quality of service provided in

accordance with minimum standards with input from a staff member carrying out quality monitoring.

Five care staff spoken with indicated that they felt supported by their managers who they described as always available at the end of the phone or at the office. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Feedback from two HSC trust professionals post inspection highlighted communication between the agency and the trust is generally good. However, both professionals indicated that they experienced delayed responses from the agency whenever matters arise and feedback to the trust has been requested. This feedback was shared with the agency's care manager post inspection for review.

The inspector was informed by the registered manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC. Documentation in place showed that the remaining staff are awaiting their registration certificates.

Staff questionnaires received indicated a mixed view on the service being well led with two staff indicating satisfaction with the agency management systems while two staff did not feel the service was well led. The fifth staff member did not comment on this area. Those staff who did not feel the service was well led indicated they did not feel complaints were appropriately addressed or that staff arrangements were sufficient. Upon discussion with one staff they stated recruitment is an ongoing issue but acknowledged this was also a challenge to other agencies. This staff member also stated that communication from the office staff is not as effective as it could be. This staff member also raised concern at new staff only receiving one shadowing shift as part of the three day induction process. All matters were shared with the agency care manager post inspection for review and discussion with staff. The inspector did however note that feedback received from service users and families to the UCO and discussions by the inspector with staff during the inspection day did not highlight concerns in these areas. Staff spoken to on the inspection day stated additional shadowing shifts were available if staff felt additional experience was required.

### Areas for improvement

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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## 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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