

Announced Care Inspection Report 5 December 2018



HCNI Ltd t/a Caremark

Type of Service: Domiciliary Care Agency

**Address: Units 1a and 5e, North Down Development Organisation
Ltd, 2 - 4 Balloo Avenue, Bangor, BT19 7QT**

Tel No: 028 9146 7004

Inspector: Kieran Murray

User Consultation Officer (UCO): Clair McConnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency which provides personal care and housing support to 348 individuals with physical, mental health, dementia and older person needs living within the South Eastern Health and Social Care Trust (SEHSCT) and Belfast Health and Social Care Trust (BHSCT) area. Service users are supported by 142 staff.

3.0 Service details

Organisation/Registered Provider: HCNI Ltd	Registered Manager: Mrs Emily Margaret Magrath
Responsible Individual(s): Mr Richard David Magrath	
Person in charge at the time of inspection: Mrs Emily Margaret Magrath	Date manager registered: 15 July 2014

4.0 Inspection summary

An announced inspection took place on 5 December 2018 from 09.30 to 16.30.

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

The inspection progressed to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- staff induction
- care reviews
- staff training and development
- supervision and staff yearly reviews
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)

No areas requiring improvement were identified during the inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Emily Magrath, Registered Manager and Mrs Emma Hannah, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 4 April 2017

No further actions were required to be taken following the most recent inspection on 4 April 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- record of complaints
- record of notifiable incidents
- correspondence with RQIA since the previous inspection
- concerns log

As part of the inspection the User Consultation Officer (UCO) spoke with five service users and seven relatives, either in their own home or by telephone, on 11 and 12 December 2018 to obtain their views of the service. The service users interviewed receive assistance from the agency with the following:

- personal care
- meals
- sitting service

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

During the inspection the inspector met with the registered manager, care manager, training and compliance manager and two care support workers.

The following records were examined during the inspection:

- Three service users' care and support plans
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Records relating to staff appraisals
- Complaints records
- Incident records
- Induction records
- Staff rota information
- Staff Recruitment Policy
- A range of policies relating to the management of staff
- Supervision Policy

- Appraisal Policy
- Induction Policy
- Safeguarding Adults in Need of Protection Policy
- Risk Management Policy
- Incident Policy
- Whistleblowing Policy
- Policy relating to management of data
- Complaints Policy
- Statement of Purpose
- Service User Guide

At the request of the inspector, the responsible person was asked to display a poster prominently within the agency's registered premises. The poster invited staff and visiting professionals to give their views and provides staff and visiting professionals with an electronic means of providing feedback to RQIA regarding the quality of service provision. One response was received from staff and the feedback will be reflected in the report.

The inspector requested that the registered manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 April 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 April 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place. The inspector examined a range of staff files which evidenced that appropriate pre-employment checks had been completed.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the Regulations. Staff stated that they are required to shadow other staff members during their induction. The inspector spoke to two staff members who provided positive feedback regarding how their induction prepared them for their roles and responsibilities. They indicated that they felt supported by the other staff and the registered manager.

Staff comments:

- "You get shadowed until you are comfortable."
- "We filled in paperwork during our induction and completed online training."

Staff rotas viewed and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff spoken to on the day of the inspection advised the inspector that vacant shifts are covered by the agency's domiciliary care workers and the management team.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015. The inspector received feedback from the registered manager, care manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. Staff spoken to on the day of inspection could name the agency's safeguarding champion and describe their role within the agency.

The inspector noted that staff were confident regarding their responsibilities in relation to safeguarding issues and clear lines of accountability. On the day of the inspection the inspector noted that there had been one safeguarding referral made to the Trust since the last inspection 4 April 2017. The referral was made appropriately and management plans were made in conjunction with the HSC Trust as evidenced by the inspector.

Examination of records indicated that a system to ensure that staff supervision and yearly reviews are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the agency's training plans which indicated compliance with the Regulations and Minimum Standards. There was evidence that staff have attended training additional to that outlines within the Minimum Standards such as Huntington's, Dementia and Stoma Care training.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection the inspector noted that one restrictive practice was in place. It was noted that it was of the least restrictive nature and considered necessary in conjunction with the HSCT; it was noted to be reviewed yearly.

The inspector reviewed the process for reporting and management of incidents within the agency. There had been two incidents/accidents not reportable to RQIA since the previous inspection on 4 April 2017; records provided to the inspector confirmed that they were managed in accordance with the agency's policy and procedure.

The inspector noted from records viewed that the agency had received a number of complaints since the last inspection on 4 April 2017 and that these were managed in accordance with the agency's policy and procedure. The inspector noted the complainants were fully satisfied with the outcomes.

The inspector evidenced that a review of service users' needs took place yearly or sooner if required.

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Caremark, however some concerns were raised regarding consistency of carers and new carers not being aware of the service users' care needs. Concerns were also raised regarding training in catheter care and use of equipment to aid mobility. All of the service users and relatives interviewed confirmed that they were aware of whom they should contact if they had any concerns.

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

- "They're brilliant."
- "Very discreet and professional."
- "Can chat with the carers if we have any concerns."

The inspector discussed this feedback with the care manager on 27 December 2018 and has been assured that these concerns will be addressed with service users, representatives and staff. This can be reviewed at the next inspection.

Of the one survey response returned by staff they indicated that they 'very satisfied' that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training, supervision, staff yearly reviews and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2018) and Service User Guide (2018). However, the inspector noted that the Statement of Purpose and Service User Guide did not include details on restrictive practices in place. The care manager updated the Statement of Purpose and Service User Guide on the day of the inspection to include all relevant information relating to restrictive practice. The inspector reviewed the Statement of Purpose Service User Guide and found the information to be satisfactory.

The inspector reviewed three service users' individual care and support plans. The inspector was informed that care and support plans are reviewed six monthly or sooner. The registered manager and care manager informed the inspector that multi-disciplinary reviews with the HSCCT representatives took place on a yearly basis or sooner if needed. The inspector examined documentation for both processes and the records were noted to be satisfactory.

The agency maintains contact records for each service user. On examination of records the inspector noted a small number of recording practices which were not in keeping with the agencies policy and procedure and the domiciliary agencies standards. The registered manager and care manager assured the inspector that an item would be added to the next team meeting agenda in relation to record keeping and this can be evidenced at the next inspection.

Staff interviewed on the day of the inspection confirmed they were provided with details of care required for each service user.

Staff comments:

- "Team meetings happen every couple of months."
- "We are all very close."

Feedback received by the inspector from staff indicated that service users or their relatives: have a genuine influence on the content of their care plans. This was evidenced by the inspector on examining records during the service users' yearly review.

The agency's quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Monthly quality monitoring is undertaken by the responsible person who has a good working knowledge of the service. Quality monitoring reports included details of consultation with a range of staff, relatives as appropriate and community keyworkers, and progress on improvement matters.

The inspector noted the following comments made by a relative and a community professional and during quality monitoring visits:

Service user comments:

'Girls were like a breath of fresh air.'

Relative comments:

'All great girls. XXX loves them all.'

Community keyworkers comments:

'Happy with Caremark and communication – no issues.'

Records reviewed by the inspector confirmed that spot checks of staff practice were carried out within the homes of service users' by the responsible person. Records reviewed by the inspector identified that no concerns had been identified regarding staff practice during spot checks and monitoring visits.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The registered manager and staff described effective verbal and written communication systems with the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate HSC community professionals when relevant.

It was evident that the agency has a range of methods to communicate with and record the comments of service users, including speaking with service users on a daily basis and being available for discussion. Staff who spoke to the inspector outlined their understanding of service user's choice, dignity, and respect.

Review of team meeting records indicated that team meetings had taken place on a three monthly basis; the registered manager, care manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good among the staff team. The inspector also evidenced records of daily and weekly meetings with registered manager, care manager and administration staff.

The inspector noted and examined the following surveys carried out by HCNI Ltd t/a Caremark, Client Questionnaires 2017/2018, staff and stakeholders questionnaires all with positive results. The annual quality report 2017/2018 was available in the office for staff Advocacy service information was available in the Statement of Purpose and Service User's Guide for service users to contact if necessary.

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. No issues with missed calls were raised with the UCO; however new carers are not being consistently introduced to the service users or made aware of the care required. One issue regarding communication was raised with the UCO, in regards to messages not being passed on by office staff to the carers on duty.

The service users and relatives advised that home visits or phone calls have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that they had received a questionnaire from the agency.

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

- "Never had a complaint and we've had them for years."
- "Sometimes messages are not passed on to the carers."

As part of the home visits the UCO reviewed the agency's documentation in relation to five service users and it was noted that log sheets were not being signed appropriately by the carers. During the home visits the UCO observed three service users receiving care from the staff of Caremark. One concern in relation to staff not using the appropriate equipment was observed as well as inaccurate times being recorded in the agency's log sheets.

The inspector discussed this feedback with the care manager on 27 December 2018 and has been assured that these concerns will be addressed with service users, representatives and staff. This can be reviewed at the next inspection.

Of the one survey response returned by staff they indicated that they 'very satisfied' that care was effective.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to care records, audits and reviews, spot checks, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency had participated in liaison with a range of community professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

On the day of the inspection staff informed the inspector that the agency had arranged a Christmas party for staff and their children, nephews, nieces and grandchildren to attend.

The inspector evidenced easy read guide policies and procedures for service users in the agency.

It was evident that the agency staff and community keyworkers promote the independence, equality and diversity of service users.

Feedback from staff who spoke to the inspector indicated that they had developed knowledge of individual service users through careful observation and interaction over time.

Staff comments:

- "We are happy here."

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 is usually 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 and 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:

- "Have a good bunch."
- "Some do a great job."
- "They're brilliant."

Of the one survey response returned by staff they indicated that they 'very satisfied' that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which comprises of the provision of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures as outlines within the minimum standards which are reviewed at least every three years. Policies and procedures are maintained in a paper format and accessible to all staff.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The monitoring officer was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy services
- equity of care and support
- individual person centred care
- individualised risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the SEHSCT and BHSCT referral information.

The agency maintains and implements a policy relating to complaints and compliments. It was positive to note that the agency's complaints policy and procedure was also available in easy read guide for service users.

There are effective systems of formal supervision and staff yearly reviews within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The agency maintains a quality monitoring system which provides a thorough standard of monitoring in accordance with RQIA guidance.

Staff comments:

- "The line manager is always here to speak to."
- "The registered manager is here a good bit."

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

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. No concerns regarding the management of the agency were raised during the interviews.

Of the one survey response returned by staff they indicated that they 'very satisfied' that the service was well led.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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