

Unannounced Care Inspection Report 06 October 2016



HCNI Ltd t/a Caremark

Type of Service: Domiciliary Care Agency – Conventional
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Tel No: 02891467004
Inspector: Lorraine O'Donnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of HCNI Ltd t/a Caremark took place on 06 October 2016 from 09:45 to 15:30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring are in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The User Consultation Officer (UCO) was informed by a service user that staff did not inform them if they were going to be late, this was discussed with the manager

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes listening to and valuing the views and wishes of service users and their representatives.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability.

Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Emily Margaret Magrath, the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation / registered provider: 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	Date manager registered: 01 July 2014

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous quality improvement plan
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report
- Record of complaints forwarded to RQIA.

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

- Discussion with the registered person/manager
- Consultation with four members of staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the UCO spoke with five service users and eight relatives, either in their own home or by telephone, between 25 and 30 August 2016 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
- Sitting service.

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

The following records were examined during the inspection:

- Recruitment policy and procedure
- Two recently recruited staff members' records
- Two longer term staff recruitment records
- Induction policy and procedure, programme of induction and supporting templates
- Two recently recruited staff members' induction and training records
- Training and development policy and procedure
- Staff supervision and appraisal policy and procedures
- Two long term staff members' quality monitoring, supervision, appraisal records
- Two long term staff members' training records
- Staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Two trust contract compliance reports
- Two new service user records regarding referral, assessment, care planning and review
- Three long term service user records regarding review, reassessment and risk assessment
- Three long term service users' quality monitoring records
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three monthly monitoring reports
- Annual quality report 2015
- Three compliments
- Three emails to trust professionals/keyworkers regarding changes to service users' care.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 02 November 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 02 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.11 Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector can confirm the manager submitted to RQIA the monthly monitoring reports for October, November and December 2015 as requested. The inspector viewed the August and September 2016 reports. These reports included review of late or missed calls as recommended during the previous inspection.</p>	
Recommendation 2 Ref: Standard 8.12 Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager submitted the 2015 annual report to RQIA as requested. There was evidence to confirm this report had been shared with staff at staff meetings. The manager stated letters will be sent to the service users to inform them about the 2016 report.</p>	
Recommendation 3 Ref: Standard 4.2 Stated: Second time	<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>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the service user agreement of one service user regarding the service user's money management which evidenced the agency had a process for monitoring staff recording, reporting and review of the service users agreement regarding service user money management.</p>	
<p>Recommendation 4</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</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 • 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>Action taken as confirmed during the inspection:</p> <p>The UCO stated viewed a number of records held in service users' homes and found that there were a small number of issues with log sheets such as staff not consistently recording the times of calls and not signing their full name. The inspector viewed a number of records during inspection which were found them to be signed using staffs' full signatures and had out times and calls recorded.</p>	<p>Partially Met</p>

4.3 Is care safe?

The agency currently provides services to 237 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults which reflects the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Two files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. The staff who participated in the inspection described their recruitment and induction training processes in line with those found within the agency procedures and records.

Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Records reviewed for two long term staff members evidenced mandatory training and quality monitoring, as compliant with agency policy timeframes.

The agency's whistleblowing policy and procedure was found to be satisfactory. The care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practise and their understanding of the agency's policy and procedure on whistleblowing.

A sample of two service user files confirmed that the agency management had carried out care review meetings with service users/representatives on a consistent basis to ensure service user needs were being met. The agency manager confirmed that trust representatives were contactable when required. The registered manager confirmed the agency provide feedback to the trust commissioners as necessary. Feedback in this regard was reviewed within several service user files during inspection.

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 the agency. 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 management of medication or manual handling were raised however one relative felt that the carers would benefit from training in dementia awareness. The manager informed the inspector this training had commenced. 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:

- "Can't complain at all."
- "Consistency is good; they pick up on any issues with XXX."
- "Carers are very thorough and efficient."
- "Everything's going smoothly."

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

Of the six staff questionnaires returned, the responses received would indicate a high level of satisfaction with the service.

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?

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

Service user records evidenced that the agency had carried out care reviews with service users in line with the agency procedure. Annual questionnaires were confirmed by the manager as issued to service users to obtain feedback on services provided. The inspector was advised that the information provided from completed returned service user questionnaires will be included within the 2016 Annual report. Service user files reviewed during inspection contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans. The agency also maintained a system of providing updates to trust professionals and evidence of this process was reviewed during inspection.

The UCO was informed by the service users and relatives interviewed that there were some concerns regarding the carers' timekeeping; however there were no concerns regarding care being rushed or calls being missed. The manager agreed to discuss issues directly with relatives who raised concerns.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs are identified. Staff interviewed and records viewed during inspection confirmed ongoing monitoring/spot checks were being completed by their manager to ensure effective service delivery. Records indicated that staff had received formal supervision sessions and annual appraisal in accordance with agency policy.

Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

A number of issues regarding communication between the service users, relatives and staff from Caremark were raised with the UCO. Examples given included cancellation of calls and next of kin not being advised of concerns with the service user or late calls.

The majority of the service users and relatives interviewed advised that home visits have taken place and they have received questionnaires from the agency to obtain their views on the service. The majority of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care.

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

- “Communication could be better from the office.”
- “Don’t know what we would do without them.”
- “Times of calls can vary.”

As part of the home visits, the UCO reviewed the agency’s documentation in relation to three service users. It was noted that there was some variation in call times, carers are not signing records appropriately and recording of call times. The manager informed the UCO that variations experienced by service users were during the summer when staff were on leave and changes were required. The manager confirmed that on occasion communication with service users and relatives had been an issue in the past. However they agreed to review communication processes.

Staff interviewed on the day of 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. It was good to note that the six staff who completed and returned questionnaires indicated care provided was of a high standard.

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. 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 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:

- “I have got very close to them.”
- “Can talk about anything.”

- “My XXX has a laugh with them and enjoys the banter.”

Records viewed in the agency office and discussions with staff confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits.

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

The service users are invited by the agency to complete annual quality review questionnaires.

Compliments reviewed during inspection provided the following information in support of compassionate 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?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person Mr Richard David Magrath and the registered manager, the agency provides domiciliary care and support to 237 people living in their own homes.

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.

The Statement of Purpose and Service Users’ Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency’s policies and procedures. The inspector confirmed the agency had arrangements for policies and procedures to be reviewed at least every three years.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. Concerns regarding communication and timekeeping were raised during the interviews.

Discussion with the registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Review of two reportable incidents which had occurred since the previous inspection confirmed appropriate procedures in place.

The inspector reviewed three monthly monitoring reports completed in 2016. These reports evidenced that responsible person had been monitoring the quality of service. The reports reflected feedback from service users, staff and commissioners.

The care workers interviewed indicated that they felt supported by senior staff that were described as approachable and always available. The on-call system in operation was described as invaluable to them for sharing concerns, seeking advice but also as a support and reassurance outside office hours. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users. The six staff who completed and returned questionnaires indicated a high level of satisfaction with this service.

Staff also supported that current staffing arrangements are appropriate in meeting service users' needs.

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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Emily Margaret Magrath, the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to agencies.team@rqia.org.uk by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of inspection.</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
	<p>Response by registered provider detailing the actions taken:</p> <p>At area team meetings over the last month we have addressed this issue. We also address this during training with all staff. Log sheets will continue to be monitored by the care manager and staff who do not complete these appropriately will be spoken to individually.</p>

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



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