

Unannounced Care Inspection Report 31 July 2019



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: Michele Kelly

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 based in Bangor providing care and support to service users in their own homes; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting service users to live as independantly as possible and maximising quality of life.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 31 July 2019 from 09.30 to 15.45.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

Information received by RQIA highlighted concerns regarding missed calls, continuity of care, communication, care practices and whistle blowing guidance. In the light of concerns received the inspection aimed to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff training and development and supervision and appraisal. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place.

Service users and their representatives spoken with on the day of inspection indicated that they were happy with the care and support provided.

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

This inspection resulted in no areas of improvement being made. Findings were discussed with the person in charge on the day of inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

4.2 Action/enforcement taken following the most recent care inspection dated 5 December 2018

No further actions were required to be taken following the most recent inspection on 5 December 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents relating to the agency were reviewed during the inspection and are referred to in the report.

During the inspection the inspector spoke with two service users, three staff, and two service users' representatives. The inspector also spoke on the telephone with a trust professional subsequent to the inspection.

Following inspection, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received at the time of writing this report.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within this report.

The inspector would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 5 December 2018

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

6.2 Inspection findings

6.3 Is care safe?

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

Information received by the RQIA prior to this inspection reported that the agency had missed calls, did not adhere to agreed call times and did not provide continuity of care. The review of the records pertaining to service provision identified that a number of missed calls had occurred. This was discussed with the person in charge who described the communication problems which had led to the missed calls on a specified run and contingency measures that had been put in place following this. The review of the records confirmed that there had been a reduction in the numbers of missed calls in the subsequent weeks. This issue was discussed with the management team who advised that the agency had reviewed the arrangements for ensuring that service users received their care as planned. This included a staff protocol which had been developed in relation to confirming that notifications in respect of changes to rotas are acknowledged by staff.

The issue regarding continuity of care was examined by the inspector on the day of inspection and addressed by the manager in communication following the inspection. A professional who spoke on the telephone to the inspector following the inspection mentioned concerns regarding high numbers of staff visiting an individual's home on one particular week, this had also been highlighted in correspondence received by RQIA. The manager explained that this was due to annual leave, sickness and resignations around this time and that the agency's efforts focused on covering the calls with a significant number covered by senior staff. The inspector did note that staffing issues in the area concerned had improved and was informed that meetings between the agency and South Eastern Health and Social Care Trust (SEHSCT) professionals were taking place to address these and other matters concerning initial referral raised by the agency. RQIA are satisfied at this time that the agency is working closely with the SEHSCT in an effort to improve the provision of services and these matters will be followed up at future inspection.

The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed. Discussions with the person in charge indicated that they had a clear understanding of the recruitment process and the need for robust systems to be in place. The person in charge stated that staff are not provided for work in the homes of service users until all required checks have been satisfactorily completed. It was identified that the agency retains details of all information relating to individual staff recruitment.

The agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC). It was noted that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered. A review of a sample of records confirmed that staff were registered with NISCC.

The inspector also reviewed matters highlighted in correspondence to RQIA concerning care practices and in addition to the strategies proposed, the agency was advised to refer the matter to NISCC for information purposes. The inspector viewed evidence following the inspection that a referral had been made. The inspector also reviewed matters highlighted at the last inspection regarding a care practice and confirmed the agency had acted appropriately following this incident.

Discussions with staff and records viewed indicated that the agency's induction programme is in line with the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency.

There was evidence of a rolling programme of staff training, competency assessments, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. Additional training in relation to dementia had also been provided to staff, as appropriate to their roles and responsibilities and the needs of the service users. The inspector reviewed records of this dementia care training; there was also evidence that mandatory training requirements had been met. Staff who met with the inspector spoke highly of the training methods used by the agency.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The staff spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. The organisation has identified an Adult Safeguarding Champion (ASC) who is preparing the Annual Safeguarding Position report which is due to be completed by 1 April 2020.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided and makes reference to the ethos of care provided to service users.

The inspector reviewed three service users' care and support plans. The inspector was informed that care and support plans are reviewed by the agency at least annually. The manager informed the inspector that multi-disciplinary reviews with the HSC Trust are usually scheduled on a yearly basis or sooner if needed. The inspector examined documentation for both processes and the records were satisfactory. The inspector noted some compliments recorded at review:

- "Carers do an amazing job."
- "XXX is a great carer, really helpful."

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

Service user care records viewed were noted to include referral information received from the relevant HSCT representative; they included risk assessments and care plans. The review of the individual service user care records identified that they were suitably detailed, person-centred and retained securely; they contained a range of assessments completed by the agency such as risk assessments, environmental assessments and a record of the care provided. The service users and relatives who spoke to the inspector on the telephone stated that they were supported to make choices in relation to the care they received and were involved in developing their care plan.

Staff could describe the processes used for supporting service users to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided. RQIA had been informed about problems associated with staff recording in service users' homes files, the inspector discussed this matter with the person in charge who confirmed that the agency had organised a staff meeting to address this matter and provide further guidance to staff regarding acceptable terminology. This matter will be reviewed at the next inspection.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with a sample of

service users and relatives evidenced that staff communicate appropriately with them. The manager stated that a range of information is provided to service users and their relatives at the initial visit. Care plans included information about people's preferred communication needs if appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews, 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

6.5 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, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support. The organisation’s philosophy of care was included in the statement of purpose and service user guide. This clearly identified how service users’ human rights would be upheld, including their right to privacy, dignity and respect, promoting independence and maintaining their confidentiality.

It was identified that staff receive awareness training in relation to equality and confidentiality during their induction programme. The manager stated that human rights are discussed as part of the induction. Discussions with staff and records viewed indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The agency has provided information to service users relating to advocacy and adult safeguarding. It was good to note that staff practice is observed regularly as part of the agency’s supervision and spot check processes.

The service users and relatives who spoke to the inspector stated that they have choices and that staff respect their views, wishes and choices. Service user care records viewed in the agency office were noted to contain information relating to the needs of service users and their individual choices and preferences. Staff could describe how they support service users to make decisions about the care and support they received.

Staff discussed the value of developing rapport with service users, and the need to be mindful of their individual wishes and preferences.

Staff spoken with commented:

- “Spending an extra five minutes to chat is important, we may be the only company they have.”
- “We are a guest, we must be courteous and tidy up.”

Service users’ commented:

- “They are hardworking girls and they meet my needs.”
- “They are a great team.”

Relatives’ comments:

- “No problems always treat with dignity and respect.”
- “Very happy, adore the girls.”

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

6.6 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 reviewed the management and governance systems in place within the agency to meet the needs of the service users. The manager is supported by a care manager and senior staff in the day to day running of the agency. On call arrangements were in place and all staff spoken with raised no concerns in relation to the responsiveness of the management team. Staff who spoke to the inspector confirmed that there had good working relationships with the management team and office administrative staff.

There was a complaints management system in place. A number of complaints had been recorded and there was evidence that those which had been recorded had been managed appropriately. The inspector discussed progress in respect of two complaints which had been notified to RQIA , the agency were in the early stages of investigating the issues raised and have communicated with the inspector since the inspection regarding actions and progress in respect of these matters.

The inspector viewed the whistleblowing procedure and policy, staff spoken with confirmed that they were aware of the procedure and would have no hesitation in raising an issue if they had concerns. Staff also confirmed that management staff are supportive and available to staff.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The inspector viewed three reports and noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

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. Staff could 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
- equity of care and support
- individualised person centred care
- individual risk assessment

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance, 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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)