

Unannounced Care Inspection Report 12 April 2017



Open Door Homecare Ltd

Type of Service: Domiciliary Care Agency

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Inspector: Caroline Rix

User Consultation Officer: Clair McConnell

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Open Door Homecare Ltd took place on 12 April 2017 from 09.30 to 16.00 hours.

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

Is care safe?

The inspector found evidence that improvements in respect of staff recruitment were required to ensure safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. However, written references had not been obtained for domiciliary care workers, and records detailing the supply of care workers into service users' homes were not fully maintained; therefore the agency was found to be non-compliant with regulations in these areas. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. Two areas for improvement were identified.

The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him. The registered person must ensure that details of each supply of a domiciliary care worker to a service user are maintained and available at all times for 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. The agency's systems of quality monitoring were found to be 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.

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. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. The inspection outcomes demonstrated sustained compliance with regulations and standards.

Is the service well led?

On the day of the inspection the agency was not 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.

However, the inspector found evidence that improvements in respect of records maintained and effective quality monitoring were not in place to ensure compliance with regulations.

One area for quality improvement was identified. The responsible person must review their governance arrangements and systematically audit working practices to ensure they are consistent with their documented policies and procedures, and take action when necessary.

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
Total number of requirements and recommendations made at this inspection	3	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Denise Cranston registered person, and Lorraine Wilson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

In accordance with RQIA's Enforcement Policy and Procedures, a meeting was held at RQIA offices on 26 April 2017 to discuss non-compliance with regulations and the nature of the service provision.

In advance of this meeting RQIA advised the responsible person in writing of RQIA's intention to issue two failure to comply notices in relation to Regulation 13 (a) and (b) and Regulation 23(1) (4) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At this meeting, the responsible person and registered manager provided a full account of the actions they have taken to audit current staff files and the arrangements made to ensure the improvements necessary to achieve full compliance with the required regulation. The responsible person provided an account of the arrangements made to evaluate, maintain records of, the quality of services provided to ensure the improvements necessary to achieve full compliance with the required regulations.

RQIA considered the information that was provided at the meeting on 26 April 2017 and decided not to serve two failure to comply notices in regard to the above regulations.

However, it was agreed at the meeting that the responsible person will provide evidence of the staff file audit undertaken including all actions taken to achieve full compliance. The registered person is required to submit a copy of each monthly monitoring report for review, until further notice, as an assurance that quality monitoring improvements are being maintained.

2.0 Service details

Registered organisation/registered person: Open Door Homecare Ltd/Denise Cranston	Registered manager: Lorraine Dorcas Wilson
Person in charge of the service at the time of inspection: Lorraine Dorcas Wilson	Date manager registered: 4 July 2014

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2016/2017

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

- Discussion with the registered person and registered manager
- Consultation with four members of staff
- Staff questionnaires reviewed
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and four relatives, by telephone, on 3 April 2017 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Personal care
- Meals
- Sitting service

On the day of inspection the inspector met with four care workers to discuss staff views regarding care 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 person was provided with eight questionnaires to distribute to staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and they requested their return to RQIA. Three completed 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:

- Four service users' care plans and risk assessments
- Four service user agreements
- Care reviews, quality monitoring visits records

- Four service user daily logs
- Four staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- Staff training schedule and records
- Staff supervision records
- Employee handbook
- Staff meeting minutes
- Notification of incidents log for 2016/17
- Communication records
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, on-call, management of missed calls and complaints.

4.0 The inspection

Open Door Homecare Ltd is a domiciliary care agency, which currently provides services to 56 people in their own homes in the Bangor, Newtownards and Donaghadee areas. These services include personal care, meal preparation, sitting services and social support. The domiciliary care agency has been operational since September 2015. The South Eastern Health and Social Care Trust commissions these services.

4.1 Review of requirements and recommendations from the last care inspection dated 14 June 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of staff recruitment files and found in each that full information had not been obtained.</p>	<p>Not Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.10 Stated: Second time	The registered person should review their governance arrangements and systematically audit working practices to ensure they are consistent with the agency's documented policies and procedures, and take action when necessary.	Not Met
	Action taken as confirmed during the inspection: Records of monthly monitoring being completed were not available for inspection. Therefore it was not possible to confirm an effective governance system was being maintained.	

4.2 Is care safe?

The agency's policy and procedure 'Recruitment and Selection' dated 17 November 2016 was reviewed and did not support compliance with Regulation 13 Schedule 3 as it did not specify that 'written' references should be obtained. The document did contain details of the process to follow if written references were not received regarding an applicant. During the inspection day the registered person revised their 'Recruitment and Selection' policy and procedure in line with Regulation 13.

During the inspection the inspector was provided with full access to the agency's list of currently employed domiciliary care workers. All of the four files contained evidence that the pre-employment records had been obtained in compliance with regulation 13 and schedule 3 with the exception of written references.

The inspector viewed a sample of four out of the eleven staff files, and found that all four staff had been supplied into service users' homes before two written references had been obtained. One staff member had been supplied prior to receipt of any written references. The references had been requested, in writing, from each referee as part of their recruitment procedure. The registered manager stated that she had received satisfactory verbal references for each applicant. However, records did not evidence that the agency had contacted referees, to request a verbal reference for each applicant.

The records of the supply of each of the four domiciliary care workers referenced above were not available for examination; therefore it was not possible to obtain a definite date that each worker was first introduced to service users in their own homes. The inspector noted that the induction training programme included each new domiciliary care worker shadowing a suitably qualified and competent colleague. The records confirmed that each domiciliary care worker had been supplied into service users' homes before receipt of two satisfactory written references had been obtained.

It was disappointing to note that the agency's failure to comply with this regulation or to sustain compliance had been noted during two previous inspections and the necessary improvements had not been made in spite of written assurances given by the registered person.

In accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a failure to comply notice in relation to Regulation 13 (a) and (d) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. At a meeting at RQIA offices on 26 April 2017 the registered person provided a full account of the actions they have taken to audit current staff files and the arrangements made to ensure the improvements necessary to achieve full compliance with the required regulation. It was agreed at the meeting that the registered person will provide evidence of the staff file audit undertaken including all actions taken to achieve full compliance.

A failure to comply notice was not issued to the registered person however the agency's recruitment practices will remain under review.

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 Open Door Homecare. Service users are introduced to, or advised of the name of, new carers by a regular member of staff or manager; 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 the carers' training were raised with the UCO by the service users or relatives. 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:

- "Would highly recommend them."
- "I expect high standards and they provide it."
- "Absolutely no complaints."

An induction training programme had been completed with each domiciliary care worker. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained. Staff interviews confirmed that they had a clear understanding of their roles and responsibilities, were able to describe the value of their induction programme and provided examples of how they ensure service users is treated with dignity and respect.

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The agency's 'Safeguarding Vulnerable Adults' policy and procedure provided information and guidance as required. The policy has been updated in line the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adults safeguarding guidance issued in July 2015: ('Adult Safeguarding Prevention and Protection in Partnership').

The agency's whistleblowing policy and procedure was found to be satisfactory and staff interviewed during the inspection had a clear understanding of their role and responsibilities in relation to safeguarding and whistleblowing.

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. Staff questionnaires received indicated that they were 'very satisfied' that service users are safe and protected from harm.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

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

Areas for improvement

Two areas for improvement were identified during the inspection. The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.

The registered person shall ensure that details of each supply of a domiciliary care worker to a service user are maintained and available at all times for inspection.

Number of requirements	2	Number of recommendations	0
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4.3 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. Service users are usually introduced to, or advised of the name of, new carers by a regular carer or manager.

No issues regarding communication between the service users, relatives and staff from Open Door Homecare were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place; however no one was able to confirm that they have received a questionnaire from the agency.

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

- "Grateful for the help."
- "I would speak highly of them."
- "Wouldn't want to lose them."

The registered person confirmed that they plan to request service users' /relatives'/staff and service commissioner views via questionnaires in June 2017 as part of their first annual quality review.

Four service user records viewed included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

Service user records evidenced that the agency carries out monitoring visits with service users three monthly to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers, where changing needs were identified and reassessments resulted in amended care plans.

The staff interviewed on the day of inspection confirmed that they are provided with details of the care planned for each service user or with changes to existing service users' care plans.

The agency's policy and procedure on 'Recording and Reporting Care Practices' was viewed and found to contain clear guidance for staff. The inspector reviewed completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by the registered manager. No issues regarding record keeping had been identified.

The staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and the reporting procedure to the manager if any changes to service users' needs were identified.

Staff questionnaires received indicated that they were 'very satisfied' that service users get the right care, at the right time and with the best outcomes for them.

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 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.

Views of service users and relatives have been sought through home visits or phone calls; however no one was able to confirm they have received a questionnaire from the agency to ensure satisfaction with the care that has been provided. Examples of some of the comments made by service users or their relatives are listed below:

- "The girls are great. I'm quite happy."
- "They're brilliant with me."
- "I hear them laughing and giggling together."

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered person confirmed that the agency is usually invited to contribute either in writing or to attend the commissioning trust arranged care review meetings with service users/representatives.

Records viewed during inspection confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed by the inspector and discussion with the registered person, no staff practice issues were identified during spot checks and monitoring visits.

The complaints log was viewed for 1 April 2016 to inspection date 12 April 2017, with no complaints received during this time. The registered person is currently part of the hands on care delivery team, and she described how any minor issues identified were immediately addressed with service users.

The agency's compliments received were viewed during inspection that provided the following information in support of compassionate care;

- 'Thank you, your assistance and patience with this lady is appreciated.' (Email from a Trust care manager).
- 'Thanks to xxx (staff member) for going the extra mile. The washing was done and hanging on the line. I was delighted to find this done, it has made my weekend.' (Phone call from a service user's son complimenting a staff member).
- 'Xxx family very happy with service received, are very grateful for the wonderful care provided to xxx. It is a pleasure to work with your agency, which has an excellent reputation in the community.' (Email from trust assistant care manager).
- 'Many thanks to all for the wonderful care you gave xxx. We appreciate all you did for xxx.' (Thank you card from family member).

The registered person is currently part of the hands on care delivery team, and she described how positive feedback from service users and relatives are shared with individual care workers and teams.

Staff questionnaires received indicated that they were 'very satisfied' that service users were treated with dignity and respect and that their views are listened to.

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

The RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose and Service Users' Guide were reviewed. The contents of both documents were found to be in line with regulations and standards, and contained the agency's organisational structure.

Discussion with the registered person, registered manager and the staff interviewed indicated they understood the organisational structure within the agency and their roles and responsibilities. The agency appointed an administration officer in January 2017 to support management in the various communication functions within the agency. The inspector noted that the majority of domiciliary care workers are registered with NISCC. Documentation in place showed that the remaining care workers are awaiting their registration certificates.

The agency's policy and procedure manual was reviewed and contents discussed with the registered person. The staff interviewed confirmed that staffs have access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed, at least every three years, was found to have been implemented as each policy/procedure viewed had been reviewed in November 2016.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Staff members interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner. The complaints log was viewed for 1 April 2016 to inspection date 12 April 2017, with no complaints received during this time; this was verified during discussion with the registered person.

Discussion with the registered person and a review of records evidenced 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 on 14 June 2016.

On the day of inspection there were no records available of monthly monitoring in place to evidence that working practices are being systematically audited and reviewed. The registered person advised the inspector that she had delegated the monthly monitoring reports to be completed by the company co-owner.

The inspector reviewed the monthly monitoring reports for January to March 2017 received post inspection. The monthly monitoring report templates were found to be in line with minimum standards. However, the inspector was disappointed to find that the agency's monthly monitoring activity had not identified that recruitments practice had not been undertaken in accordance with the regulations and minimum standards.

In accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a failure to comply notice in relation to Regulation 23 (1) and (4) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. At a meeting at RQIA offices on 26 April 2017 the registered person provided an account of the revised arrangements made to evaluate the quality of services provided to ensure the improvements necessary to achieve full compliance with the required regulations.

It was agreed at the meeting that the registered person will submit to RQIA a copy of each monthly quality monitoring report until further notice. A failure to comply notice was not issued to the registered person however the registered person's system for evaluating the quality of services provided will remain under review.

The registered person indicated that service user/staff and service commissioner satisfaction questionnaires from Open Door Homecare Ltd have not yet been distributed as part of their annual quality review; however this is planned for June 2017.

The staff interviewed and staff questionnaires returned indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as extremely valuable to staff seeking advice but also as a support and reassurance outside office hours. Each of the staff interviewed confirmed that they really enjoyed their work and found it rewarding. Staff questionnaires received indicated that they were 'satisfied' that their current staffing arrangements met their service users' needs.

Areas for improvement

One area for quality improvement was identified. The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This should include monthly monitoring reports which shall contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.

Number of requirements	1	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 the QIP were discussed with Denise Cranston, registered person, and Lorraine Wilson, 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 the domiciliary care agency. 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment 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	
Statutory requirements	
Requirement 1 Ref: Regulation 13 (d) Stated: Third time To be completed by: immediately and on-going	<p>The registered person must ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.</p> <p>Response by registered provider detailing the actions taken: Developed a robust audit system which operates at two levels: recruitment stage and monthly auditing stage</p>
Requirement 2 Ref: Regulation 23 Stated: Third time To be completed by: immediately and on-going	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This should include monthly monitoring reports which shall contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>Response by registered provider detailing the actions taken: The audit system was updated and improved</p>
Requirement 3 Ref: Regulation 21 (1) Schedule 4 (5) Stated: First time To be completed by: immediately and on-going	<p>The registered provider must ensure that details of each supply of a domiciliary care worker to a service user are maintained and available at all times for inspection.</p> <p>Response by registered provider detailing the actions taken: Details have been maintained and are available.</p>

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