



The **Regulation** and
Quality Improvement
Authority

Inspection Report

Name of Service: Ann's Homecare Ltd

Provider: Ann's Homecare Ltd

Date of Inspection: 19 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Ann's Homecare Ltd
Responsible Individual/Responsible Person:	Mrs Ann McQuade
Registered Manager:	Mrs Sarah McQuillan
Service Profile – Ann's Homecare Ltd is a domiciliary care agency which provides care and support to adults living within their own homes. Service users have a range of needs including physical disability and mental health care needs. The agency's staff provide personal care, social support and sitting services. These services are commissioned by the Southern Health and Social Care Trust (SHSCT), Belfast Health and Social Care Trust (BHSCT) and Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 19 November 2024 between 10.30a.m. and 4.45 p.m. by a care Inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how service was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about Ann's Homecare Ltd. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey for staff.

3.2 What people told us about the service and their quality of life

We spoke and made contact with a number of service users, relatives, professionals and staff members. The information provided indicated that there were no concerns in relation to the service.

Comments received included:

Service user's comments:

- "Excellent service. The girls I have in my home are like an extension of my family. No matter what I ask they will try to do it for me and we have a laugh! The supervisors are great too. I couldn't be happier."
- "I am happy with everything and I couldn't say a bad word about any of them. They attend to me well."
- "I couldn't do without them."

Relatives' comments:

- "They are great girls and treat my relative with respect and there is nothing they could do better. My relative is happy and as long as that is the case I am happy."
- "My relative gets on great and we find them all great. She was worried at first but they had great empathy with her and put her at ease. It has been great for her."
- "It is going well and they treat my relative very well. Everything is going fine. Maybe an earlier call would be good."

Staff comments:

- "The training is very, very good. I can ring my manager and run things by her. I enjoy bringing new staff out with me and showing the ropes."
- "I really find this agency so supportive and caring. I left my previous job to come back to them because I found them really warm."
- "I am happy at Ann's. I have been here for years and would like to stay. I know them and I like how they treat me."

Comments received from HSC staff:

- “One of the best agencies I have come across in terms of service provided, supervisors, carers. If there are any issues, they are open to resolving them and will try their best to accommodate any changes.”
- “I can honestly say Ann’s Homecare provide a great service within the home and this comes from positive feedback from telephone calls from the families of the service users.
- The staff are always very accommodating if we need to put in extra services or require information. I haven’t had any concerns when dealing with Ann’s Homecare.”

No questionnaires were returned and there were no responses to the electronic staff questionnaires.

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 23 May 2023 by a care Inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Adult Safeguarding & Reporting of Notifiable Incidents

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the Registered Manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the Inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately however advice was given to the manager around the importance of recording the names of HSC staff consulted on any reported concerns of suspected abuse.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

3.4.2 Staff Training

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan. Daily records completed by staff noted the type of equipment used on each occasion.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines however there was no review date set for this policy. This was discussed with the Registered Manager at the time of the inspection and it was agreed that a policy review date would be implemented immediately in line with the regulations and standards.

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate DoLS training appropriate to their job roles. The Registered Manager reported that none of the service users were subject to DoLS.

3.4.3 Staff Recruitment Records & Induction

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers deployed within the agency.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

3.4.4. Care Records and Service User Input

From reviewing service users' care records it was good to note that care and support plans are kept under regular review and that service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. A discussion took place with the Registered Manager with regards to ensuring that service users wishes and preferences are also documented within their care and support plans to evidence person centred care planning. It was agreed that this would be evidenced more explicitly in care records going forward.

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

A review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

3.4.5 Governance & Record Keeping Managerial Oversight

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

Where staff are unable to gain access to a service users home –there is a system in place that ensures that the service has an operational policy, procedure or protocol that clearly directs staff from the Agency as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Sarah McQuillan, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews