



The Regulation and  
Quality Improvement  
Authority

Spa Homecare  
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**Unannounced Care Inspection  
of  
Spa Homecare**

**27 October 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 27 October 2015 from 09.15 to 16.15. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	5	3

The details of the QIP within this report were discussed with the registered manager, Ms Jocelyn Leyson-Bagood as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Spa Nursing Homes Ltd/ Mr Chris Arnold	<b>Registered Manager:</b> Ms Jocelyn Leyson-Bagood
<b>Person in charge of the agency at the time of Inspection:</b> Ms Jocelyn Leyson-Bagood	<b>Date Manager Registered:</b> 11 April 2014
<b>Number of service users in receipt of a service on the day of Inspection:</b> 52	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

#### **4. Methods/Process**

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015.

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

- Discussion with the registering manager
- Consultation with staff
- Examination of records
- File audits
- Evaluation and feedback.

Following the inspection the inspector spoke with two service users and two relatives, by telephone, on 14 November 2015 to obtain their views of the service.

- Management of medication
- Personal care
- Assistance with preparation of meals.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Four service user records in respect of the trust review process.
- Staff meeting agenda and minutes for January to October 2015
- Five staff supervision and appraisal records
- Staff rotas
- Compliments records received by the agency from January 2015 to October 2015.
- Four monthly monitoring reports
- Annual quality report
- Two management staff daily contact log records
- Daily log records
- On call rota
- Two communication records with trust professionals
- Duty file.

The inspector distributed questionnaires to staff and service users during the inspection and seven of these were returned to RQIA by agency staff. During the inspection, agency staff were asked to compile a list of professionals and other service user representatives who would be agreeable to being contacted by RQIA for the purposes of obtaining their views on the quality of service provision. On the day of inspection the inspector met with two care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report.

The completed staff questionnaires indicated the following:

- Service users' views are taken into account in the way the service is delivered
- Staff are satisfied that the care is delivered in a person centred manner
- Staff are satisfied that they are familiar with service users' care needs
- Staff are satisfied that the agency's induction process prepared them for their role
- Staff are satisfied that arrangements for service user involvement are effective.

However four of the seven completed staff questionnaires completed by staff indicated they were unsatisfied that they had enough allocated time with service users and one staff member was unsatisfied with the training they had in relation to illnesses such as dementia and stroke.

## 5. The Inspection

Spa Homecare Agency is situated in the town land of Spa on the outskirts of Ballynahinch, Co Down. The agency is adjacent to Spa Nursing Home. The agency provides services to 52 service users by a team of 19 staff in the surrounding areas of Ballynahinch, Crossgar, Killyleagh and Saintfield. Support provided includes personal care, domestic tasks and medication management.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 23 February 2015. The completed QIP was returned and approved by the inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 11(1)(3) Regulation 13(b) Regulation 16(2)(a)	The registered person and manager is required to ensure implementation of mandatory and additional training across all staff groups (including manager, co-ordinators and care staff) to include supervisions and appraisal training for the registered manager and co-ordinators. Competency assessments are also required for all mandatory areas.  (Minimum standard 12)  As discussed within theme one, criteria one and three of the report and within theme two, criteria one.	<b>Partially Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed staff training records and these records confirmed that nine, of the nineteen staff had yet to receive up to date medication training. The registered manager informed the inspector a date would be arranged immediately following the inspection to ensure this training was provided for staff. The inspector was informed the registered manager and care coordinators had attended supervision and appraisal training, however the inspector was unable to confirm this as attendance and competency assessment records were not available.</p>	
<p><b>Requirement 2</b>  <b>Ref:</b> Regulation 16(2)(a)(4)</p>	<p>The registered person and manager are required to review of the current staff supervision policy and ensure implementation of staff supervision and appraisal across all staff groups.</p> <p>As discussed within theme one, criteria two of the report.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the agency supervision and appraisal policies. The supervision policy had been updated in March 2015; this document outlined the frequency of supervision. The appraisal policy had not been updated since May 2010. The inspector examined the supervision and appraisal records for five staff and these records indicated staff had not received supervision as outlined in the agency policy.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 3</b>  <b>Ref:</b> Regulation 13 and Schedule 3</p>	<p>The registered person and manager are required to ensure all staff recruitment information is compliant with Regulation 13 and Schedule 3 and standard 11.</p> <p>As discussed within theme three of this report.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed five staff records and these records confirmed the agency compliant with this requirement.</p>	<p><b>Met</b></p>

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 8	<p>The registered manager is recommended to develop a policy regarding the Management, control and monitoring of the agency.</p> <p>As discussed within theme one, criteria one of the report.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The inspector viewed the Management, control and monitoring policy as recommended in the previous inspection. This policy was forwarded to the inspector following the inspection.</p>	
<b>Recommendation 2</b> <b>Ref:</b> Standard 8.11	<p>The registered person and manager are recommended to review their current monthly monitoring process to ensure compliance with standard 8.11.</p> <p>As discussed within theme one, criteria two of the report.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The inspector viewed the monthly monitoring reports for April, May, June and July 2015. These reports contained the views of service users and/or their representatives.</p>	
<b>Recommendation 3</b> <b>Ref:</b> Standard 8.12	<p>The registered person and manager are recommended to review their current annual quality review process and report to ensure compliance with standard 8.12.</p> <p>As discussed within theme one, criteria two of the report.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The inspector was informed the 2015 annual report had not been completed. The inspector viewed a copy of a letter sent to HSC Trust representatives seeking their views on the quality of the service provided by the agency. The registered manager informed the inspector these opinions will be included in the 2015 annual report.</p>	

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 9 and Appendix 1</p>	<p>The registered person and manager are recommended to develop a staff training and development policy.</p> <p>As discussed within theme one, criteria three of the report.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the staff training and development policy and confirmed it had been updated in February 2015.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 9.5</p>	<p>The registered person and manager are recommended to review all policies in line with the recommended three year timeframe.</p> <p>As discussed within various criteria within themes one, two and three of the report.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the agency's policy folder; a number of these policies had yet to be reviewed in accordance with the minimum standards.</p>	<p><b>Partially Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 13</p>	<p>The registered person and manager are recommended to review the supervision policy and procedure and ensure implementation of process across all staff teams.</p> <p>As discussed within theme two, criteria one of the report.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the supervision records of five care staff and the two care coordinators. These records indicated staff had not received supervision in accordance with the agency's policy.</p>	<p><b>Partially Met</b></p>

### 5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

#### Is Care Safe?

Service user referral information received from HSC Trust commissioners contained information regarding service user and/or representative's views. The referrals detailed a care plan. The agency care plans and risk assessments completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, however these care plans were not person centred. The files reviewed contained a copy of the service user's care plan and risk assessment and, in the main, were accurate, up

to date and included basic information regarding the service user's condition. The inspector viewed four service users' assessment of need, risk assessments and care plans during the inspection and found that one did not accurately reflect the needs of the service user. This was brought to the attention of the care coordinators and the registered manager during the inspection and they confirmed they would give this their immediate attention following the inspection. The agency's log sheets in the four files reviewed were being completed appropriately by the carers

The service users or their representatives spoken to by the inspector confirmed they are included in decision making regarding their care plan, either at service commencement or when changes occur. The service users also comment on the quality of service provided by the agency by completing a questionnaire issued annually by the agency to review the satisfaction of service users and/or representatives. However two of the three service users and their representatives informed the inspector they had not been visited or contacted by the agency to be asked about the quality of the service. None of the three service users or their representatives could confirm if staff were observed while delivering care and support. However according to records viewed by the inspector during the inspection indicated some service users had received visits by care coordinators, during which staff were observed delivering care and support.

The three service users and their representatives spoken to by the inspector confirmed new carers were 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 the carer's knowledge of the required care.

Feedback from the two staff on the inspection day indicated staff felt care delivery was safe following training. The two staff who participated in the inspection confirmed they had received observation of practice by managers from the agency.

### **Is Care Effective?**

The people interviewed following the inspection had not made any complaints regarding the service. All of the people interviewed are aware of whom they should contact if any issues arise.

One person interviewed advised the inspector that they had received a questionnaire from the agency to obtain the views of the service from service users or their representatives.

The complaints records sampled during inspection were found to be appropriately detailed and demonstrated the actions taken to resolve the matters in a timely manner.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided. A few of the comments noted were

- "All the carers are so kind and thoughtful".
- "How wonderful you were to my XXX".

The most recent monthly monitoring reports reviewed evidenced working practises are being systematically reviewed along with detailed information relating to ongoing quality monitoring.

The service user records viewed in the agency office evidenced how feedback received had been followed up. These records found that the agency carried out care review visits with service users at least annually, or when changes to their needs were identified.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices.

### **Is Care Compassionate?**

The people interviewed by the inspector raised no concerns regarding the quality of care being provided by the carers from Spa Homecare. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "It reassures me someone will be calling with my XXX."
- "XXX really happy and satisfied with the care."
- "We admire all the carers."
- "Very happy with the care."
- "Doing a really good job".

Service users or their relatives informed the inspector that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included stroke awareness and working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement. However the care coordinators and the registered manager raised concern they were not always informed by the HSC Trust when review dates are set. The staff informed the inspector the agency have raised this issue with the HSC Trust. The service users or family members confirmed they are given the opportunity to comment on the quality of service by annual surveys for the agency. One family member confirmed that the agency manager/supervisor is in contact at least every six months to check satisfaction with the service.

Staff interviewed confirmed that service users' views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users' particular needs.

### **Areas for Improvement**

The agency service users' care and support plans should accurately reflect how the agency staff meets the needs of service users. A requirement has been made in relation to this. The agency are not informed of dates of review meeting, however they are expected to contribute to the review of service users' care and support needs by submitting a report prior to the meeting. A recommendation has been made in relation to this.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>1</b>
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#### **5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.**

##### **Is Care Safe?**

A range of management systems, policies and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts and on call arrangements. Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails and evidence of these communications were verified during the inspection. The inspector met with two staff during the inspection and these staff informed the inspector of the actions to be taken by them if a call was missed. The care coordinators informed the inspector that service users were also given details of who to contact if they had any missed calls or concerns relating to the quality of the service. The three service users or their family the inspector spoke to following the inspection confirmed they had received this information.

The inspector viewed the training records for staff, these records indicated that nine of the nineteen staff had not received up dated training in medicines management and the agency was unable to provide evidence that the two care coordinators had received training in supervision and appraisal. This was discussed with the registered manager during the inspection; the care coordinators stated they had attended training in supervision and appraisal.

##### **Is Care Effective?**

The inspector was informed by the service users or relatives interviewed that there were no concerns regarding the carer's timekeeping, however there were mixed results regarding the agency contacting them if their carer had been significantly delayed. One service user informed the inspector that the one call they received, on occasions this was up to one hour late, however they had not raised this as a concern. This information was discussed with the registered manager following the inspection. It would be good practice for the agency to inform service users if carers were going to be late.

Procedures in place for staff quality monitoring and supervision were reviewed during inspection. The inspector viewed the records of five care staff and two care coordinators, these staff had not received supervision in accordance with agency policy. The registered manager informed the inspector they would arrange a date for care coordinators supervision following the inspection.

Staff interviewed confirmed that they felt supported by senior staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home.

## Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the inspector highlighted service quality in general to be good with appropriately trained and skilled staff who delivered compassionate care.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes where calls are missed or delayed. However as previously stated one service user informed the inspector that they did not receive notification of when staff were going to be late. This was discussed with the registered manager who advised the inspector this would be discussed with all staff.

## Areas for Improvement

The inspector was informed by a service user they did not receive information in relation to their service not being provided at the correct time; therefore a requirement has been made in relation to this matter. Staff training records were viewed by the inspector these records indicated that ten staff members required update training in medicines management. This has been addressed in the restating of a requirement. The agency was unable to provide evidence that the care coordinators had attended training in relation to supervision and appraisal. A requirement was been made relating to training records held by the agency. A recommendation has been made relating to supervision for all staff being in accordance with agency policy.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 5.3 Additional Areas Examined

### Monthly Quality Monitoring Reports

The inspector reviewed the monthly monitoring reports for April, May, June and July 2015; these reports contained the views of service users and/or their representatives. However the agency was unable to provide the inspector with the monthly monitoring reports for the months August and September 2015, therefore a recommendation has been made.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Jocelyn Leyson –Bagood, the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 the RQIA would apply standards current at the time of that application.

## **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## **6.2 Recommendations**

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

## **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) (paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 16(4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 27 December 2015</p>	<p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Ongoing supervision for each employee is being conducted in order to meet the standard</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 21(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate from the date of inspection</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All records are kept and maintained in the office for inspection and other legal purposes</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 16(2)(a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 27 January 2016</p>	<p>The registered person shall ensure that each employee of the agency receives training and appraisal which are appropriate to the work he is to perform.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All staff have now received annual appraisals and mandatory training</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 15(2)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate from the date of inspection</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure the written plan is prepared which shall-</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> during our initial visit we inform clients and/or their representative of our protocols and policies regarding reporting any concerns with regards to the care provided to the client and any other issues involved with their care plan. Any changes involved in their care plan is forwarded and notified to their care manager</p>

<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 14(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of inspection.</p>	<p>When the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(b) so as to safeguard the service users against abuse or neglect:</p> <p>This requirement refers but is not limited to the arrangements in place to ensure that service users receive their service in accordance with the timescales outlined in their care records.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All staff have been received training on protection of vulnerable adults and challenging behaviour and confidentiality on reporting any issues involved with their care plan and appropriate action is taken. This matter is also reported to care managers.</p>
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<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.11</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 27 November 2015</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Ongoing monthly monitoring is carried out in order to meet this standard</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 9.5</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> Immediate from the date of inspection</p>	<p>Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Ongoing reviews on policies and procedures carried out systematically and appropriate action is taken</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate from date of inspection</p>	<p>Staff from the agency attend review meetings or contribute by submitting a written report prior to the meeting.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A new form has been implemented and will be forwarded to care managers around review due date if care managers have not previously contacted us to arrange review.</p>

<b>Registered Manager Completing QIP</b>	Jocelyn Leyson-Bagood	<b>Date Completed</b>	08/12/15
<b>Registered Person Approving QIP</b>	Chris Arnold	<b>Date Approved</b>	08/12/15
<b>RQIA Inspector Assessing Response</b>	Lorraine O'Donnell	<b>Date Approved</b>	08/12/15

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**