

Unannounced Care Inspection Report 02 November 2017



Ann's Homecare

Type of Service: Domiciliary Care Agency
Address: 23 Annaghmore Road, Portadown, BT62 1NA
Tel No: 028 3885 1108
Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 which provides care and support to people living within their own homes. Service users have a range of care needs.

3.0 Service details

Organisation/Registered Provider: Ann's Homecare Ltd.	Registered Manager: Ann McQuade
Responsible Individual(s): Ann McQuade.	
Person in charge at the time of inspection: Ann McQuade.	Date manager registered: Ann McQuade – 17/02/2009

4.0 Inspection summary

An unannounced inspection took place on 2 November 2017 from 10.15 to 15.30 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Knowledge and compassionate attitude demonstrated by staff spoken with on the day of inspection
- Informative staff profiles prepared by the agency for service users and commissioners of the service
- Modes of communication agency staff and commissioning organisations
- Continuous quality improvement
- Good standards of record keeping

No areas for quality improvement were identified during this inspection.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ann McQuade, responsible person/registered manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- notifiable events
- correspondence

Prior to the inspection the user consultation officer (UCO) spoke with five service users and six relatives, either in their own home or by telephone, between 15 and 19 October 2017 to obtain their views of the service provided by Ann's Home Care. The service users interviewed informed the UCO that they received assistance with the following:

- management of medication
- personal care
- meals
- sitting service

The following records were examined during the inspection:

- Statement of Purpose
- Service User Guide
- RQIA Registration Certificate
- Two staff employment files
- Staff induction / staff handbook
- Staff training
- Policies / procedures relevant to this inspection
- Complaints
- Accident / incidents
- Supervision
- Appraisals
- Quality monitoring
- Staff meetings
- Safeguarding records
- Staff duty records
- Audits / Annual Quality report
- Three service records
- Quality Monitoring reports
- Policies / procedures relevant to this inspection

During the inspection the inspector met with administrative staff, two care staff, assistant manager and the registered manager.

The registered manager was provided with a staff poster to inviting staff to share their views on the service provided to RQIA.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 November 2016

The most recent inspection of the agency was an unannounced care inspection. 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.

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 Ann's Homecare. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer staff member had knowledge of the planned care to be provided.

No issues regarding care staff training were raised with the UCO by the service user or relatives; examples given included manual handling and management of medication. All of the service users and relatives interviewed confirmed that they could approach the care staff and office staff if they had any issues or concerns. Examples of some of the comments made by service users or their relatives are as listed below:

- "Couldn't fault them"
- "Really happy with the care"
- "Very good service"

Review of the agency's recruitment and selection policy and procedures, dated September 2016, confirmed that it complied with current legislation and minimum standards. Pre-employment checks were undertaken with records retained. Discussion with the agency's quality manager and review of two care staff personnel files confirmed that staff were recruited in accordance with Regulation 13 Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Review of completed staff induction records and discussion with the quality manager and staff evidenced that structured induction programmes were in place for all new staff appointed. During the induction period care staff' understanding and knowledge was assessed through written and practical activity.

Induction programmes reviewed were based on the Northern Ireland Social Care Council (NISCC) induction standards. Each induction programme was signed off by both parties when the programme was successfully completed.

Staff spoken with during the inspection described the recruitment and induction training process which was in keeping with those found within the agency policy /procedures.

Staff training records viewed confirmed all care staff had completed the required mandatory training. In addition other development training provided included dementia awareness and palliative care. Discussion with staff confirmed satisfaction with the provision of training and indicated that the agency provided additional training if staff felt they required more knowledge in specific areas of care.

Review of staff records retained evidenced mandatory training attended, supervision and appraisal in accordance with minimum care standards and the agency's policy/ procedures.

The agency had a current policy on adult safeguarding which had been reviewed and revised in line with Department of Health (DOH) Adult Safeguarding Prevention and Protection policy (2015). The quality manager is the identified safeguarding champion for the agency.

Safeguarding was discussed with the quality manager who advised that notifications submitted to RQIA since the previous inspection remains under investigation. Associated records viewed evidenced that these were appropriately managed by the agency with prompt referrals made to the relevant persons and agencies for investigation in accordance with procedures and legislation. A central register of safeguarding issues was being maintained by the agency's safeguarding champion.

Review of staff training records on adult safeguarding evidenced that training was provided during staff induction and thereafter annually. Records reviewed evidenced that training was provided during May and June 2017 with various dates available to accommodate staff attendance. The quality manager advised that attendance at training is closely monitored with the aid of an electronic system which highlights this data. Staff who spoke with the inspector demonstrated knowledge and understanding of safeguarding and awareness of their obligations in relation to rising concerns about poor practice.

The use of restrictive practice was discussed with the quality manager who advised that all staff had received training in challenging behaviour which included the use of restrictive practice. Staff who spoke with the inspector demonstrated good understanding of adhering to the service user care plan and that restrictive practice would not be used unless this was prescribed within care plans; for example safe use of wheel chair straps.

Discussions with staff during the inspection confirmed they were satisfied that the care provided was safe with the provision of adequate resources including; training, supervision, appraisal, staff meetings and support.

The registered manager confirmed that appropriate modes of communication with the commissioning trust were available and utilised to discuss any reported care issues / concerns arising.

Records retained were observed to be securely stored with data protection measures were being maintained.

The agency's registered premises continue to be very well maintained and suitable for the purpose of the agency as set within the Statement of Purpose.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the recruitment/selection and induction of new staff, staff training and development and communication between service users and agency staff and other key stakeholders. Positive feedback from service user and relatives indicated their satisfaction that the care provided was safe.

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 UCO was informed by service users and relatives interviewed that there were no concerns regarding care staff's 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 introduced to new care staff by a regular cares staff member.

No issues regarding communication between the service users, relatives and staff from Ann's Homecare were raised with the UCO. The service users and relatives advised that home visits have taken place as well as questionnaires from the agency to obtain their views on the service.

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

- "Couldn't be better".
- "Peace of mind for us that someone calls regularly with (service user)".
- "The supervisor is approachable and gives me good support".

As part of the home visits the UCO reviewed the agency's documentation in relation to five service users. One issue was identified regarding the agency's log sheets.

The agency's Statement of Purpose and Service User Guide made reference to the range of services provided.

The agency's policy and procedures on record keeping had been reviewed and revised in 2016. The quality manager explained that all service users retained a file containing the agency's templates for recording each visit undertaken by care staff. Three completed records which had been returned to the agency where reviewed and found to be in compliance with the agency's procedures. One matter regarding the recording of call times identified by the UCO during a home visit had been addressed by the registered manager.

Staff who met with the inspector demonstrated awareness of the importance of accurate record keeping and reporting any issues or concerns to their team manager. Staff also advised that frequent unannounced quality monitoring of home visits was undertaken by their supervisor to ensure the provision of care provided was effective and provided in accordance with the commissioning trust's care plan. Service users and their relatives were informed of how the quality of the service is monitored and how they can comment or make a complaint about the service received. This information was contained within the agency's information file which was left within each service user's home.

Additional quality assurance methods utilised by the agency included the undertaking of annual service user and staff satisfaction surveys. Discussion with the quality manager and review of responses in the 2017 survey indicated the respondents were in the main very satisfied with the provision of care. Other systems utilised for monitoring of the quality of the service included monthly monitoring meetings with team managers and supervisors who provide individual accounts of the effectiveness of the service provided by their team. Any issues or concerns arising are managed by the registered manager.

An annual quality report had been developed by the agency for 2017. This report reflected audits conducted including; complaints, accidents, incidents, supervisions, monitoring of the service, contract compliance and outcome of satisfaction surveys conducted.

A monthly quality review report was also compiled and signed off by the registered manager. Any issues or concerns arising through the monitoring of trends and patterns are acted on by the registered manager with measures put in place to minimise recurrence.

Staff meetings were held on a regular basis with records retained. The registered manager explained that the format for recording of minutes was being reviewed and revised to ensure all details including quality improvements and action was recorded.

Records of all communication made with commissioners of the agency service were retained by the registered manager.

Formal staff supervisions were being conducted on a quarterly basis with records retained. In addition spot check home visits were conducted by supervisors on a minimum of two annually. However, as advised by the quality manager supervisions or spot checks are increased if staff support or guidance is required or should issues / concerns arise.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, quality assurance, audits and 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

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

All service users and relatives interviewed by the ICO felt that the care provided by the agency was compassionate. The service users and relatives advised that carer staff treat them with dignity and respect, and care was not rushed. Service users, as far as possible, were afforded choice in regards to meals and personal care provided.

Views of service users and relatives had been sought through home visits and questionnaires to determine the level of satisfaction with compassionate care provided by Ann's Homecare. Examples of some comments made by service users or their relatives are listed:

- "Good bunch of girls".
- "Very friendly".
- "Treat (service users) with compassion and dignity".
- "The staff are excellent".

Staff spoken with advised that they had good knowledge and understanding of the importance of ensuring all service users were treated with dignity and respect.

The agency's Statement of Purpose reviewed contained a mission statement which reflected the agency's ethos of reflecting the rights, values and diversity of service users and staff. Reference was also made to treating service users with respect and dignity in a confidential manner by skilled staff. This Statement of Purpose was readily available to all within the centre.

The agency had a policy on confidentiality (dated 2016) which was available and known by staff who met with the inspector.

Staff who spoke with the inspector explained that any issues or concerns which they report are taken seriously and acted on promptly by the supervision and team manager.

Reference is cited within section 6.4 of this report on the quality assurance methods in use and how service user and staff views are sought. The annual service user satisfaction survey carried out during 2017 recorded satisfaction over the twelve month period; 833 questionnaires were distributed with 328 responses received. Overall 98% of respondents stated they were either satisfied or very satisfied with the care received from Ann's Homecare; 100% felt that the care staff were friendly and 99% felt they were treated with dignity and respect. A summary of the outcome of the survey had been shared with service users, care staff and commissioning Health and Social Care Trust (HSCT).

The agency had received many letters and cards from service users or their relatives complementing staff on the good service provided. This is to be commended.

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

6.7 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 registered provider/manager, Ann McQuade who is a registered nurse, was on duty throughout the inspection. The registered manager is supported in her role by a team comprising; health and safety manager, quality manager, team managers, supervisors, care staff and clerical administrators.

The registered manager explained the governance systems and process in place to ensure the provision of safe, effective, compassionate and well led care and that a twenty four hour, seven day "on call" system was available.

The RQIA registration certificate and the agency's current liability certificate were displayed in a prominent position within the hallway of the agency.

All of the service users and relatives interviewed by the CNO confirmed that they were aware of whom to contact if they had any concerns regarding the service. No complaints regarding the service or management were made by service users or their relatives who were interviewed.

Review of the agency's Statement of Purpose (March 2016) and Service User Guide (March 2016) reflected the nature and range of services provided by the agency. Both documents contained all information in compliance with legislation and relevant minimum standards.

The agency's had a complaints policy (dated September 2016) which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Complaints received by the agency and related information was recorded, viewed by the inspector and discussed with the quality manager. Complaints records retained were noted to be appropriately managed and where necessary action taken was to address issues and lessons learned. The quality manager advised that all complaints are taken seriously and every effort made to resolve issues in a prompt efficient manner and where necessary. Audits were being conducted so that trends and patterns can be identified, lessons learned and measures put in place to minimise recurrence.

A wide range of policies and procedures were in place and available within the office for all staff to view and discuss if necessary. Policies and procedures viewed were noted to be reviewed within the three year period or more frequently when changes were required.

Accident / incident records were reviewed and discussed with the quality manager who demonstrated awareness of notifications to be submitted to RQIA. Records of accidents / incidents were being recorded and where necessary appropriate referrals made.

When necessary action is taken by management to address issues with measures put in place to minimise recurrence. Regular audits of accidents / incidents were undertaken and discussed at monthly monitoring management meetings.

Staff spoken with during the inspection spoke positively about the overall management of the service and that they felt they would be listened to if they had an issues or concerns. Staff also confirmed that they felt very well supported by management in their role through supervision, training, staff meetings and the “open door” approach by management to everyone. Staff also advised that team work was excellent.

The quality manager monitors the quality of services in accordance with the agency’s written procedures and completes a monitoring report on a monthly basis in accordance with minimum standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, 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 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews