



The Regulation and
Quality Improvement
Authority

Ann's Homecare Ltd
RQIA ID: 10774
23 Annaghmore Road
Portadown
BT62 1NA

Inspector: Lorraine O'Donnell
User Consultation Officer: Clair McConnell
Inspection ID: IN23852

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**Unannounced Care Inspection
of
Ann's Homecare Ltd

10 December 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 10 December 2015 from 09.45 to 16.00. 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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Ann's Homecare Ltd/Mrs Ann Caroline McQuade	Registered Manager : Mrs Ann Caroline McQuade
Person in charge of the agency at the time of Inspection: Mrs Ann Caroline McQuade	Date Manager Registered: 17 February 2009
Number of service users in receipt of a service on the day of Inspection: 707	

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.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and eight relatives on 03 December 2015 to obtain their views of the service. The service users interviewed live in Armagh and surrounding areas and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service.

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

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

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
- Three service user records in respect of the trust review process
- Staff meeting agenda and minutes for September, October and November 2015
- Three staff supervision and appraisal records
- Staff rotas
- Compliments records received by the agency from June 2015 to December 2015.
- Six monthly monitoring reports
- Annual quality report
- Daily log records
- On call rota
- Two communication records with trust professionals.

The inspector distributed questionnaires to staff during the inspection and four of these were returned to RQIA by agency staff. During the inspection, agency staff were asked to compile a list of professionals 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 four 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 the three completed staff questionnaires indicated they were unsatisfied, on occasions with the time allocated to attend to service users' needs. One staff member indicated they were very unsatisfied with the support service users received from the multidisciplinary team and the availability of equipment in a timely manner, while another staff member was unsatisfied with the training they received on dealing with challenging behaviour and whistle blowing. The manager was made aware of these comments following the inspection.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 16 October 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 11(1) Regulation 11(3) Regulation 13(b)	<p>The registered person/manager is required to ensure all training records and associated competency records for the manager and management staff are compliant with Regulation 11(1) Regulation 11(3), Regulation 13(b), Standards 8.17 and the RQIA mandatory training guidelines (2012) and include management training in the areas of supervision and appraisal in accordance with standard 13.1.as appropriate.</p> <p>As discussed within theme one, criteria one and three of this report.</p>	Met

	<p>Action taken as confirmed during the inspection: The inspector viewed three staffs' records in relation to this requirement, the agency was found to be compliant.</p>	
<p>Requirement 2 Ref: Regulation 16(2)(a) Regulation 16(4)</p>	<p>The registering person/manager is required to ensure all management staff receives supervision and appraisal compliant with the revised agency policy and procedure timeframes.</p> <p>As discussed within theme one, criteria four of this report.</p> <p>(Minimum Standard 13.5)</p> <p>Action taken as confirmed during the inspection: The inspector viewed the records of three management staff and these records confirmed these staff received supervision and appraisal in accordance with agency policy.</p>	Met
<p>Requirement 3 Ref: Regulation 16(2)(a)</p>	<p>The registering person/manager is required to ensure all staff receives training compliant with the agency policy and procedure timeframes and in compliance with RQIA training guidelines (September 2012).</p> <p>As discussed within theme two, criteria one of this report.</p> <p>(Minimum Standard 13.5)</p> <p>Action taken as confirmed during the inspection: The inspector viewed the training records for three staff and these records indicated staff have received training in accordance with RQIA training guidelines.</p>	Met
<p>Requirement 4 Ref: Regulation 13 and Schedule 3</p>	<p>The registering person/manager is required to ensure staff recruitment is compliant with Regulation 13 and Schedule 3 and standard 11 regarding a statement by the registered person and confirmation of the job description being issued to staff members</p> <p>As discussed within theme three, criteria one of this report.</p>	Met

	Action taken as confirmed during the inspection: The inspector viewed two staff files and these records contained the information outlined in Schedule 3 and Minimum Standard 11.	
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Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.2	The registered person/manager is recommended to review the supervision and appraisal policies and procedures. As discussed within theme one, criteria two of this report.	Met
	Action taken as confirmed during the inspection: The inspector viewed the agency policy and procedure for supervision and appraisal which had been updated in November 2014 and this contained all the relevant information.	
Recommendation 2 Ref: Standard 4.2	The registered person/manager is recommended to review the service user agreement to include financial arrangements. As discussed within theme two, criteria one of this report.	Met
	Action taken as confirmed during the inspection: The service users' agreement now includes information relating to financial arrangements.	

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; these care plans were person centred. The four files reviewed contained a copy of the service user's care plan and risk assessments were accurate, up to date and included basic information regarding the service user's condition. The agency's log sheets in the four files reviewed were being completed appropriately by the carers

The UCO was advised that new carers are usually 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 four staff on the inspection day indicated staff felt care delivery was safe. The four staff who participated in the inspection confirmed they had received observation of practice by managers from the agency.

Is Care Effective?

The registered manager advised the inspector that service users are invited to complete an annual questionnaire from the agency to obtain the views of the service from service users or their representatives.

The inspector discussed the agency complaints procedure with the four staff members who participated in the inspection. These individuals demonstrated a clear understanding of the complaints procedure. The inspector viewed three complaints records, these records indicated that each complaint was investigated, action was taken and the complainants were fully satisfied with the outcome. However one of the completed staff questionnaires returned to RQIA following the inspection indicated that management do not always respond to complaints and concerns appropriately. The UCO was informed by the majority of the people interviewed that they had not made any complaints regarding the service; two relatives advised that they had made a complaint to the agency and that they were satisfied with the outcome. All of the people interviewed were aware of whom they should contact if any issues arise.

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

- “staff have a very positive attitude”
- “the professionalism and care displayed by the girls was outstanding”
- “wonderful care”.

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 evidenced 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.

Some of the people interviewed were able to confirm that questionnaires had been sent out by the agency to obtain their views of the service. Management visits and observation of staff practice have taken place on a regular basis.

Is Care Compassionate?

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or in response to changes. The agency manager keeps under review and revises where necessary, the self-referred service users' assessment and care plans. However the agency manager informed the inspector they were not always informed by the HSC Trust when review dates are set for the service users

referred by the HSC Trust. 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.

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. However one staff member who completed and returned a questionnaire to RQIA indicated they had not received adequate training in dealing with challenging behaviour and whistleblowing procedures. The manager was made aware of this comment following the inspection. The staff training records viewed by the inspector indicated these staff had received training in dealing with challenging behaviour.

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Ann's 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:

- "Consistency is great. It has allowed a relationship to develop with my XXX"
- "All very nice. Couldn't say a bad word"
- "All friendly and caring"
- "No issues but I know who to contact if there are any problems"
- "No complaints".

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included dementia, stroke 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 or during reviews. They are also given the opportunity to comment on the quality of service either during home visits or annual surveys for the agency.

Areas for Improvement

There were no areas for quality improvement identified.

Number of Requirements:	0	Number of Recommendations:	0
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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 in operation within the agency to ensure communication channels with service users and their relatives were maintained. Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails and evidence of these communications was provided during the inspection.

The inspector met with four staff during the inspection and these staff informed the inspector of the actions to be taken by them if a call was missed. The registered manager 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 records of the staff meeting held on 06 October 2015 included evidence that missed calls was discussed and actions to be taken by staff to reduce the risk of missing a call was agreed.

The inspector viewed the training records for staff; these records indicated that all of the staff had received training in accordance with the RQIA Guidance on Mandatory Training for Providers of Care in Regulated Services.

Is Care Effective?

Procedures in place for staff quality monitoring and supervision were reviewed during inspection. The inspector viewed the records of three care staff; these staff had received supervision in accordance with agency policy.

Staff interviewed confirmed that they felt supported by senior staff and they 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. The registered manager informed the inspector that staff are contacted by phone about changes that occur. The staff who participated during the inspection also confirmed they receive information with their payslips to update them or draw their attention to specific issues.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced missed calls from the agency.

However the UCO was informed by one service user's relative that the morning call was significantly shorter on occasions than that agreed by the HSC Trust. The inspector examined the records relating to this service user, these records confirmed that staff had not been staying the full allocated time in relation to this service user. The registered manager advised the inspector they had not been made aware of the issue prior to the inspection. The registered manager informed the inspector that she would investigate and respond directly to the service user involved and their representative. The inspector examined the call logs/contact sheets for two other service users and one of these records indicated that this service user's morning call was also shorter than the scheduled time, on a number of occasions. The senior support worker and registered manager informed the inspector that the HSC Trust representative was aware this service user was not always in receipt of a thirty minute call in the morning.

The reasons for the shorter calls were clearly recorded in the service user's daily records. Following the inspection the registered manager forwarded to the inspector confirmation that the HSC Trust had been advised of the feedback obtained from the service user and their representative in relation to the service provided by the agency. This information confirmed the HSC Trust was satisfied that the duration of the call was required to meet the needs of the service user.

Is Care Compassionate?

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

Areas for Improvement

There were no areas for quality improvement identified.

Number of Requirements:	0	Number of Recommendations:	0
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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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Ann McQuade	Date Completed	6/01/16
Registered Person		Date Approved	
RQIA Inspector Assessing Response	Lorraine O'Donnell	Date Approved	11/01/16

Please provide any additional comments or observations you may wish to make below:

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