



The Regulation and  
Quality Improvement  
Authority

Western Health & Social Care Trust  
Home Care Department Hope Centre  
RQIA ID: 10895  
Erne Road  
Enniskillen  
BT74 6NN

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**Unannounced Care Inspection  
of  
Western Health & Social Care Trust Home Care  
Department Hope Centre**

**18 February 2016**

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

An unannounced care inspection took place on 18 February 2016 from 10.00 to 14.00. 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: Western Health and Social Care Trust	Registered Manager: Martin McGeedy
Person in charge of the agency at the time of Inspection: Homecare Services Manager	Date Manager Registered: 28 April 2009
Number of service users in receipt of a service on the day of Inspection: 522	

## 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 one service user and five relatives on 15 February 2016 to obtain their views of the service. The service users interviewed live in Enniskillen and surrounding areas, and receive assistance with personal care.

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.
- Four staff supervision and appraisal records
- Staff rotas
- Complaints and Compliments received by the agency
- Three monthly monitoring reports
- Annual quality report
- Daily log records
- On call rota
- Three communication records with trust professionals.

The inspector distributed questionnaires to staff during the inspection three of these were returned to RQIA by agency staff. On the day of inspection the inspector met with three 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.

#### **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 26 March 2015. 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
<b>Requirement 1</b> Ref: Regulation 15 (6)	The registered manager is required to expand their 'Guidelines for Handling Client's Finances and Associated Matters' procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.	Met
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed records of the staff meetings held in June and July 2015 which indicated that the staff were informed of the procedures to be followed for emergency/occasional shopping and the records to be maintained. This information was also contained within the staff handbook.	
<b>Requirement 2</b> Ref: Regulation 10 Schedule 2(8)	The registered manager is required to ensure registration with professional regulator body (NISCC) is maintained.	Partially Met
	<b>Action taken as confirmed during the inspection:</b> The registered manager informed the inspector they had contacted the regulator body (NISCC) in order to proceed with this application.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Minimum Standard 3.6	The registered manager is recommended to ensure that risk assessments, carried out by professional staff of the Trust, are made available, as necessary, to the Homecare Services Department, to inform their work with service users.  <b>(Restated from 4 February 2014)</b>	Met
	<b>Action taken as confirmed during the inspection:</b> The Homecare services manager informed the inspector staff review the service users' file to ensure these documents are contained in the file and are up to date. The inspector examined four service users' monitoring forms which were completed by agency staff during home visits. These records indicated care plans and risk assessments were contained in each home file. However one staff member informed the inspector that all the relevant documents relating to the care of one service user were not in place.	

	This information was given to the Homecare service manager. Following the inspection the manager informed the inspector this documentation was now contained in the service user's home file.	
<b>Recommendation 2</b>  Ref: Minimum Standard 12.3	The registered manager is recommended to complete outstanding update training on mandatory subject areas.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the training records for the registered manager which confirmed the manager had completed manual handling training in May 2015.	
<b>Recommendation 3</b>  Ref: Minimum Standard 7.2	The registered manager is recommended to ensure the administration of, or assistance with, medication is clearly documented on each agreement/consent form.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed records of team meetings, which indicated staff had been advised to ensure a record is made when assistance is provided with service users' medication. The manager informed the inspector these records are audited during the service user monitoring visits.	

### 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 service users are usually introduced to, or advised of the name of, new carers 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 three staff on the inspection day and the three staff members who completed and returned the questionnaires to RQIA indicated staff felt care delivery was safe. The three staff who participated in the inspection confirmed they had received observation of

practice by managers from the agency and had received training to assist them attend to the needs of service users.

### **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 was informed the results of this questionnaire was included in the Annual report and shared with service users and the HSC Trust. There were a number of completed service users' questionnaires available to view during the inspection. The service manager informed the inspector that the comments contained within these questionnaires were shared with staff.

The inspector discussed the agency's complaints procedure with the three staff members who participated in the inspection. These individuals demonstrated a clear understanding of the complaints procedure and confirmed they had received complaints awareness training in 2015. The inspector viewed the records of complaints which indicated that the agency had dealt with complaints in accordance with their complaints procedure.

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise.

Management visits and telephone calls are taking place on a regular basis to discuss their care; however only one person was able to confirm that observation of staff practice had taken place or that they had received a questionnaire from the agency.

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.

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

### **Is Care Compassionate?**

The records viewed by the inspector confirmed service users or their representatives are included in decision making regarding their care plan, either at service commencement or in response to changes. The service manager keeps under review and revises where necessary, service users' assessments and care plans.

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from the Western Trust. 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 personal care. Examples of some of the comments made by service users or their relatives are listed below:

- "More than happy. Couldn't complain at all".
- "The girls are professional and polite".
- "Very, very good to me. Couldn't praise them enough".
- "Very lucky with the girls".

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 working with service users with limited mobility, dementia and COPD.

It was good to note that service users or their representatives are included in decision making regarding their care plan during reviews. They are also given the opportunity to comment on the quality of service either during home visits, telephone calls or surveys from the agency.

### Areas for Improvement

There were no areas for improvement identified during inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</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 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 three staff during the inspection and these staff informed the inspector of the actions to be taken by them if a call was missed. The service 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 meetings contained evidence that missed calls were discussed as was the missed calls procedure, outlining the actions to be taken by staff if they miss a call.

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 and appraisal in accordance with the agency's 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 service 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 by phone to update them or draw their attention to specific issues. However on occasions staff had not been informed when service users' had been admitted to hospital, this was discussed with the Homecare service manager during inspection. The manager informed the inspector that the agency are not always informed by service users or their relatives when a service user has been admitted to hospital therefore staff will not be aware prior to going to the service user's home.

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. None of the people interviewed had experienced any missed calls from the agency.

### **Is Care Compassionate?**

As previously detailed under theme one of this report, the service users and the relatives spoken with 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 improvement identified during inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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	<i>M. McGee</i>	Date Completed	<i>12/4/16</i>
Registered Person	<i>E. W. W.</i>	Date Approved	<i>14.4.16</i>
RQIA Inspector Assessing Response	<i>A. G. G.</i>	Date Approved	<i>26-4-16</i>

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

*\*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\**

