

Unannounced Care Inspection Report 24 October 2016



The Firs Homecare Services

Type of Service: Domiciliary Care Agency
**Address: The Firs Homecare Services,
Church Street, Ballygawley BT70 2LJ**
Tel No: 02885567048
Inspector: Lorraine O'Donnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Firs Homecare Services took place on 24 October 2016 from 09:15 to 14:30.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

Is care effective?

During the inspection the inspector found evidence which indicated delivery of effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users and/or their representatives are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users, relatives and key stakeholders, including the HSC Trust. The quality monitoring arrangements include consultations with service users, their representatives and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from service users, representatives and staff, which indicated that they were very satisfied with the care and support they received from the agency.

Is care compassionate?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring are in line with regulations and standards. The agency maintains systems to seek the views of service users' representatives and there was evidence of regular involvement of representatives in the development and review of appropriate care and support plans.

Is the service well led?

During the inspection the delivery of a well led service was found. Management and governance systems have been effectively implemented by the agency to ensure that the needs of service users are met and quality improvement systems are maintained. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has a working knowledge of the needs of service users at all times. The inspector noted evidence of effective team working to the benefit of service users. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The

inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

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

1.1 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 were discussed with Joan Feeney, the assistant 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 22 July 2015.

2.0 Service details

Registered organisation/registered person: The Firs Services (Ireland) Limited/ Pauline Gormley	Registered manager: Pauline Gormley
Person in charge of the service at the time of inspection: Assistant manager, Joan Feeney	Date manager registered: 11 June 2009

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report
- Previous quality improvement plan
- Record of notifiable events for 2015/2016
- Record of complaints forwarded to RQIA

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

- Discussion with the assistant manager
- Consultation with two members of staff
- Examination of records
- File audits
- Evaluation and feedback

The following records were examined during the inspection:

- Recruitment policy and procedure
- Two recently recruited staff members' records
- Two longer term staff recruitment records
- Induction policy and procedure, programme of induction and supporting templates
- Two recently recruited staff members' induction and training records
- Training and development policy and procedure
- Staff supervision and appraisal policy and procedures
- Two long term staff members' quality monitoring, supervision, appraisal records
- Two long term staff members' training records
- Staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Two trust contract compliance reports
- Two new service user records regarding referral, assessment, care planning and review
- Two long term service user records regarding review, reassessment and risk assessment
- Two long term service users' quality monitoring records
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three monthly monitoring reports
- Annual quality report 2015
- Three compliments
- Three emails to trust professionals/keyworkers regarding changes to service users' care.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; six were returned. Feedback received by the inspector during the inspection process is included throughout this report.

Following the inspection the inspector spoke with three relatives, by telephone, to obtain their views of the service. The service users' relatives interviewed informed the inspector the agency provided assistance with the following:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 22 July 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 3.2 Stated: First time	The registered manager ensures that the person centred, holistic assessment of need provided to the agency includes: <ul style="list-style-type: none"> • risk assessments relating to the delivery of care and services 	Met
	Action taken as confirmed during the inspection: The inspector viewed the care records of two service users and these records contained the risk assessments relating to the delivery of care and services.	

4.2 Is care safe?

The agency currently provides services to 12 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults which reflects the DHSSPS regional policy: 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Two files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. The staff who participated in the inspection described their recruitment and induction training processes in line with those found within the agency procedures and records.

Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Records reviewed for two long term staff members evidenced mandatory training and quality monitoring, as compliant with agency policy timeframes.

The agency's whistleblowing policy and procedure was found to be satisfactory. The care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practise and their understanding of the agency's policy and procedure on whistleblowing.

A sample of two service user files confirmed that the agency management had carried out care review meetings with service users/representatives on a consistent basis to ensure service user needs were being met. The agency assistant manager confirmed that trust representatives were contactable when required. The assistant manager confirmed the agency provide feedback to the trust commissioners as necessary. Feedback in this regard was reviewed within several service user files during inspection.

The inspector was advised by the three relatives interviewed that there were no concerns regarding the safety of care being provided by the agency. 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 had knowledge of the required care. All of the relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't be any happier."
- "Well trained."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

Service user records viewed included referral information received from the HSC Trust care bureau and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant risk assessments. The agency risk assessments completed by staff during their initial service visits contained evidence that service users' and/or representatives' views had been obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters. The inspector noted that quality monitoring reports documented positive feedback regarding the quality of service provision, from service users, relatives and an HSC Trust professional.

The relatives interviewed advised that home visits have taken place and they have received questionnaires from the agency to obtain their views on the service. The relatives interviewed by the inspector confirmed that they had been involved in trust reviews regarding the care.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to the management staff if any changes to service users' needs are identified. Staff interviewed and records viewed during inspection confirmed ongoing monitoring/spot checks were being completed by their manager to ensure effective service

delivery. Records indicated that staff had received formal supervision sessions and annual appraisal in accordance with agency policy.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. The inspector viewed the records of staff meeting which indicated staff were updated regarding service users' needs.

Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. It was good to note that the six staff who completed and returned questionnaires indicated care provided was of a high standard.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

All of the relatives interviewed by the inspector felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

The service users are invited by the agency to complete annual quality review questionnaires. A number of relatives confirmed their views had been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by The Firs Homecare Services.

Examples of some of the comments made by service users or their relatives to the inspector are listed below:

- "Staff spend time getting to know her."
- "No complaints."
- "The staff recognise any changes in my XXXX."
- "Very reliable, always on time and flexible."

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users' wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The relatives spoken to by the inspector stated the manager is in regular contact and is very approachable.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person, Pauline Gormley, the agency provides domiciliary care and support to 12 people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures. The inspector confirmed the agency had arrangements for policies and procedures to be reviewed at least every three years.

The inspector reviewed three monthly monitoring reports completed in 2016. These reports evidenced that the registered person had been monitoring the quality of service. The reports reflected feedback from service users, staff and commissioners.

The care workers interviewed indicated that they felt supported by senior staff that were described as approachable and always available. The on-call system in operation was described as invaluable to them for sharing concerns, seeking advice but also as a support and reassurance outside office hours. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users. The six staff who completed and returned questionnaires indicated a high level of satisfaction with this service.

Discussion with the assistant manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Review of one reportable incident which had occurred since the previous inspection confirmed appropriate procedures in place.

The inspector found that the agency operates an effective training system. It was noted that the manager or assistant manager are available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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