

# Announced Care Inspection Report 14 May 2018



## Western Health & Social Care Trust Home Care Department Spruce Villa

**Type of Service: Domiciliary Care Agency**  
**Address: Gransha Park, Clooney Road, Londonderry BT47 6TF**  
**Tel No: 02871 864385**

**Inspector: Caroline Rix**  
**User Consultation Officer: Clair McConnell**

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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

Domiciliary care provided by the Western Health and Social Care Trust (HSC Trust) in the Londonderry area is known as the Homecare Department Spruce Villa and the registered manager is Mr Martin McGeedy. The homecare services manager has day-to-day management responsibility for the office at the Spruce Villa, Londonderry.

Homecare Services are currently being provided to 609 service users in their own homes by a team of 305 staff. These service users have been assessed as needing assistance due to their mental health care needs, physical disability and learning disability and to older people. The range of services includes personal care, practical and social care support. The agency also provides a reablement homecare service in partnership with the Occupational Therapy (OT) department. This short term programme helps people relearn essential skills and regain independence to enable them to continue to remain at home.

### 3.0 Service details

<b>Organisation/Registered Provider: WHSCT Responsible Individual(s):</b> Anne Kilgallen	<b>Registered manager:</b> Martin Edward McGeady
<b>Person in charge of the agency at the time of inspection:</b> Homecare Services manager	<b>Date manager registered:</b> 28/04/2009

### 4.0 Inspection summary

An announced inspection took place on 14 May 2018 from 09.45 to 16.15 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 service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users and staff on inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience. The inspector would like to thank the agency staff for their warm welcome and full cooperation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with two homecare services manager and the training and governance officer, 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.

### 4.2 Action/enforcement taken following the most recent care inspection dated 6 July 2017

No further actions were required to be taken following the most recent inspection on 6 July 2017.

## 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
- Record of notifiable events for 2017/2018
- All communication with the agency.

During the inspection the inspector spoke with two homecare services managers, the training and governance officer, an occupational therapist, a care supervisor and ten care workers. Their feedback has been included throughout this report.

During the inspection the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Two staff surveys were received by RQIA at the time of writing this report and feedback is included within the report.

As part of the inspection the User Consultation Officer (UCO) spoke with six service users and four relatives, either in their own home or by telephone, on 22 and 23 May 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals

The UCO also reviewed the agency's documentation relating to five service users.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records
- Two staff induction and supervision records
- Two staff appraisal records
- Three staff training records
- Staff training matrix.
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Four service users' records regarding referral, assessment, care and support plans and quality monitoring.
- Three monthly monitoring reports.
- Annual quality report for 2017.

- Communication records with HSCT professionals.
- Complaints log
- Compliments log.

The findings of the inspection were provided to the homecare service manager, reablement manager and the training and governance officer at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 6 July 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 6 July 2017

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's staff recruitment process is managed by the organisation's human resources (HR) department. The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there is robust recruitment systems in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes. The homecare services manager described the process for obtaining confirmation from their HR department that new staff is available to commence employment.

The inspector noted that in staff files reviewed, the registered person or registered manager had completed a statement confirming that each staff member was physically and mentally fit for the purposes of the work he is to perform.

The homecare services manager confirmed that all domiciliary care staff is registered with the Northern Ireland Social Care Council (NISCC); it was noted that a record is maintained by the agency which records registration details and expiry dates.

Records confirmed that a system is in place for monitoring registration status of staff, ensuring that staff will not be supplied for work if they are not appropriately registered.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16 (5) (a). The review of this documentation for a sample of two care workers, clearly detailed the agency's structured system for induction training, supervision and competency assessment programme.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The organisation has named their Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance. The agency's whistleblowing policy and procedure was found to be satisfactory.

All of the staff spoken with 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 practice and their understanding of the agency's policy and procedure on whistleblowing.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Staff training records viewed for 2017/2018 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2018 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users' care needs including: dementia awareness, virtual dementia training and end of life training. The training and development officer confirmed that updated first aid training has been scheduled for April and May 2018. Staff spoken with described the value of the additional training received in improving the quality of care they provided.

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 the Western Trust's homecare service. 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 that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling and management of medication. All of the service users and 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:

- "Glad of the help."
- "Really lucky with our team."
- "Very good to us."

The agency’s registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

The two returned questionnaires from staff indicated that they were ‘very satisfied’ that the care was safe. No written comments were received.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to: recruitment, induction, training, adult safeguarding and management of risks.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers’ 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 advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from the Western Trust’s homecare service were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that they had received a questionnaire from the agency.

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

- “Consistency is good. We have built up a good rapport.”
- “It’s reassuring for the family that the carers call out to check on me regularly.”
- “Lovely people.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to five service users and no issues were noted.

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of four service user files viewed confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met. The homecare services manager confirmed that they are usually invited to attend or contribute in writing to the trust arranged care review meetings with service users/relatives and confirmed they receive an amendment form from the trusts detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans.

The homecare services manager confirmed ongoing discussion of records management during staff supervision meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic.

Staff spoken with on the day of inspection demonstrated a clear understanding of their reporting processes if running late for a service user visit, unable to gain access to a service user's home or had missed a call.

Staff comment received during inspection:

- "It is very rewarding to see service users independence improves over the 6 weeks, where they move from 4 calls a day to being fully independent again."
- "Having a service user say thank you and smiling before you leave their home is lovely."

The two returned questionnaires from staff indicated that they were 'very satisfied' that the care was effective. No written comments were received.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

There are processes in place to promote effective engagement with service users, they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Thank you to all the girls for the care and attention provided to xxx, in particular over the past few weeks. The palliative care was second to none and they don't get enough credit or wages for the work that really is a vocation. Our hearts are full of gratitude.' (Thank you card from family of a late service user).
- 'Please pass on my mother's thanks to xxx (care worker). She is very kind and considerate and makes her feel very comfortable. All the carers are excellent and we appreciate how much they do from the perspective of the family involved.' (Verbal feedback from family of a service user during their recent monitoring call).
- 'A big thank you for your care of xxx. You are out in all weather, so well done.' (Thank you card from a service users family).

All of the service users and relatives interviewed by the UCO 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.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by the Western Trust's homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- "Very pleasant and helpful."
- "We enjoy the chat with the girls."
- "Always cheery when they call."

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect.

Staff comments received during inspection:

- “I know I am helping people.” “Best job ever, because I learn so much about each person, and build relationships. I have been visiting a couple of service users for 17 years.”

The two returned questionnaires from staff indicated that they were ‘very satisfied’ that the care was compassionate. No written comments were received.

**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. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The registered manager is currently absent and an acting manager is in place. The day to day operation of the agency is overseen by a homecare service manager, supported by homecare coordinators and a team of care and support workers.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

The agency maintains variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the positive feedback received by the agency following their annual quality review in May 2017. The inspector noted that the information collated during the annual survey was shared with service users and staff during September 2017.

Monthly monitoring reports were viewed for January to March 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by the assistant director who has a good working knowledge of the service. Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation and training.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted a range of complaints had been received since the last inspection. Records reviewed confirmed that each was appropriately managed, with each matter resolved. The staff training records viewed confirmed all staff had received update training on handling complaints.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No complaints had been made about the service. No concerns regarding the management of the agency were raised during the interviews.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There had been one safeguarding incident that required to be notified to RQIA since the last inspection, this matter is currently being investigated in line with the joint safeguarding procedure.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The homecare service manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users. Some of the areas of equality awareness identified during the inspection include: effective communication, service user involvement, advocacy, equal care and support, individual person centred care.

The agency collects equality data on service users such as; age, gender, disability, marital status via their trust referral information process.

The agency has regular team meetings in which opportunities were given to share learning. The minutes of these meetings were detailed and informative reflecting effective communications within the team.

Staff comments received during inspection:

- "The office staff and manager are all approachable and the on call system means we can get advice or guidance at any time if needed."
- "The senior staffs are available if I call in to the office or phone them. Very reassuring."

The two returned questionnaires from staff indicated that they were 'very satisfied' that the service was well-led. No written comments were received.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to quality monitoring and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.



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