



The Regulation and
Quality Improvement
Authority

Open Door Homecare Ltd
RQIA ID: 12202
Old Brewery Court
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Newtownards
BT23 4AD

Inspector: Michele Kelly

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Inspection ID: IN 23859

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**Unannounced Care Inspection
of
Open Door Homecare Ltd**

2 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 2 November 2015 from 09.30 to 12.30. On the day of the inspection it was found that there were a number of areas for improvement identified in order for care to be safe, effective and compassionate. 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 resulted from the findings of this inspection. In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was held at RQIA offices on 16 November 2015 to discuss the breaches in regulations and the nature of the service provision. Matters identified at the inspection as serious concerns are discussed within this report and quality improvement plan.

Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

The details of the QIP within this report were discussed with the responsible person, Mrs Denise Cranston as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Denise Cranston	Registered Manager: Ms Lorraine Spence
Person in charge of the agency at the time of Inspection: Mrs Denise Cranston	Date Manager Registered: 4 July 2013
Number of service users in receipt of a service on the day of Inspection: Two	

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

Prior to inspection the following records were analysed:

- Previous pre-registration report and quality improvement plan

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

- Discussion with the responsible person
- Discussion with the registered manager on the telephone
- Examination of records
- File audits
- Evaluation and feedback.

On the day of inspection the inspector met with the one member of care staff who is also the responsible person to discuss their views regarding care provided within the agency, staff training and their general knowledge in respect of the theme areas reviewed. This feedback is contained within the body of this report.

The following records were examined during the inspection

- Two referral records
- Two assessments and care plans
- Two communication records with the organisation who commissions care.
- Training records
- Policies and Procedures

Profile of Service

Open Door Homecare Ltd is a domiciliary care agency and operating since 1 September 2015 providing services in North Down and surrounding areas. The domiciliary care agency provides services including personal care, supervision and domestic tasks to two adult service users in their own homes. Care is commissioned by the South Eastern Trust. Staffing is comprised of the registered manager and one domiciliary care staff member.

5. The Inspection

On the day of inspection the manager was not on duty and the responsible person Denise Cranston facilitated the inspection. The registered manager Lorraine Spence spoke with the inspector on the telephone at the end of the inspection. The inspector was advised that the agency have only been operational since 1 September 2015 and that there are two service users. At the time of the inspection the responsible person was the only care worker employed by the agency. The inspector was informed that the agency is hoping to expand the workforce and had commenced a recruitment process.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was a pre-registration inspection dated 17 April 2014. The completed Quality Improvement Plan 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 5 & Regulation 5(1) Schedule 1	The applicant registered person is required to expand their Statement of Purpose to include their complaints procedure.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the Statement of Purpose has been expanded to include the Complaints Policy.	
Requirement 2 Ref: Regulation 6 (Minimum Standard 4.2 and 2.2)	The applicant registered person is required to expand their Service Users Guide to include full information as listed within regulation 6 and standard 2.2.	Met
	Action taken as confirmed during the inspection: The inspector was satisfied that the Service Users Guide was compliant with regulation 6 and standard 2.2.	
Requirement 3 Ref: Regulation 13 Schedule 3(9) & (10)	The applicant registered person is required to expand their recruitment and selection procedure to include applicants' immunisation status record and a statement by the registered person/manager that the person is physically and mentally fit for the purpose of the work which he is to perform.	Met
	Action taken as confirmed during the inspection: At the meeting in RQIA on 16 November 2015 the registered person presented a completed health declaration form which included the applicants' immunisation status record and a statement by the	

	registered person/manager that the person is physically and mentally fit for the purpose of the work which he is to perform.	
Requirement 4 Ref: Regulation 15 (4) (Minimum standard 3)	<p>The applicant registered person is required to develop a referral procedure in line with minimum standard 3.</p> <p>Action taken as confirmed during the inspection: Following the inspection the referral procedure was emailed to the inspector and this was in line with Regulation 15 (4) and minimum standard 3.</p>	Met
Requirement 5 Ref: Regulation 15 (6)(a)	<p>The applicant registered person is required to expand their procedure for managing abuse to reference the relevant legislation, include the definition of a vulnerable adult, and a flowchart of the key steps staff should follow if suspect abuse. The applicant registered person must also develop a policy and procedure on the Protection of Children and Young People.</p> <p>Action taken as confirmed during the inspection: The registered person has expanded and reviewed their procedures in respect of Safeguarding Vulnerable Adults and Protection of Children. The Protection of Children policy was presented at the meeting of the 16 November 2015 and further advice given to ensure the flowchart within the policy is reviewed to ensure staff can use it effectively. This requirement is restated.</p>	Partially Met

<p>Requirement 6</p> <p>Ref: Regulation 16(5)&Regulation 21(1) Schedule 4 6</p>	<p>The applicant registered person is required to expand their staff induction procedure in place to specify the timescale for completion. The induction programme needs expanded to include the subject of Protection of Children and Young People.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The induction procedure and plan was reviewed and they have been expanded to include the Protection of Children and Young People.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 21 Schedule 4</p>	<p>The applicant registered person is required to expand their staff training plan to include the subject of Protection of Children and Young People.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The subject of Protection of Children and Young People Is included as part of staff training and at the meeting on 16 November 2015 the registered person presented evidence of training certificates in this area.</p>		
<p>Requirement 8</p> <p>Ref: Regulation 16 (4)</p>	<p>The applicant registered person is required to expand staff supervision procedure to include details of the process and frequency staff will receive supervision.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The staff supervision procedure has been expanded and includes details of the frequency and process of staff supervision.</p>		
<p>Requirement 9</p> <p>Ref: Regulation 22</p>	<p>The applicant registered person is required to expand this procedure to include the role and contact details of independent advocacy services and the NI Ombudsman. The role of RQIA in relation to complaints should also be included within their procedure.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The policy has been expanded to include the role and contact details of independent advocacy services, and the NI Ombudsman. It also outlines the role of RQIA in relation to complaints.</p>		
<p>Requirement 10</p> <p>Ref: Regulation 23</p>	<p>The applicant registered person is required to expand their Quality Assurance procedure to include information on when and how they will carry out quality of service reviews/surveys and share findings with service users. This document must also include</p>	<p>Met</p>

	<p>details of how service users and staff will be invited to participate in reviews of policies, procedure and practices. Information regarding the responsible persons monthly monitoring and reports should also be included.</p>	
	<p>Action taken as confirmed during the inspection: Quality assurance procedures are outlined in the document entitled 'Quality Improvement Plan' (November 2015 which has been expanded to include information on procedures in respect of quality of service reviews/surveys and monthly monitoring arrangements.</p>	

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1 Ref: Minimum Standard 9 Appendix 1</p>	<p>The applicant registered person is recommended develop policies and procedures (and cross reference) in line with those contained within minimum standard 9 Appendix 1.</p> <p>Action taken as confirmed during the inspection: Policies and procedures have been developed in line with those contained within minimum standard 9 Appendix 1.</p>	<p>Met</p>

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 the HSC Trust care managers contained information regarding service users. The referrals detailed the services being commissioned and relevant risk assessments. The agency's care plans and risk assessments completed during their pre service visits contained evidence that service users and/or representative's views had been obtained and incorporated. Subsequent to the inspection the registered manager forwarded by email the service user quality monitoring form which the service intends to use.

Is Care Effective?

There was no system of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed. In light of the provider's description of the current service provision, i.e. one care worker supplied to two service users, the lack of robust quality monitoring of the service could result in failure to identify regulatory breaches. At the meeting at RQIA offices on 16 November 2015 a monthly monitoring report which had been completed on behalf of the registered person following the inspection visits was presented. This report was found to be appropriately detailed; it demonstrated actions to be taken and the views of service users and /or their representatives.

Training records maintained by the agency were limited to one certificate of attendance shown to the inspector. The absence of adequate assurances that agency staff has received appropriate training has the potential to significantly impact on the safety and welfare of service users and this matter was also discussed at the meeting at RQIA offices on 16 November 2015 where evidence of attendance at mandatory training for the care worker and registered manager was submitted. It was discussed that much of the training undertaken by staff had been E Learning and the registered person was advised that it should be supplemented by accessing local policies and procedures.

Is Care Compassionate?

Service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or in the annual surveys planned by the agency. Log sheets recorded on visits to the service users' homes were viewed by the inspector and evidenced attention to detail in respect of the service users' requests and expressed wishes.

Two staff questionnaires were returned to RQIA and these confirmed that service user' choices are promoted at all times.

Areas for Improvement

Areas for improvement identified on the day of inspection in relation to this theme were discussed at the meeting at RQIA offices. Records presented at the meeting evidenced that significant activity had taken place within the agency to ensure compliance with regulations and minimum standards associated with this theme.

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?

On the day of inspection the agency was unable to supply the inspector with information and documents required in respect of domiciliary care workers. The absence of the records pertaining to the domiciliary care worker represents a risk to service users as it is not possible to determine if worker(s) have been suitably recruited and trained to provide care. The absence of assurances that the worker is physical and mentally fit for the purposes of the work to be performed also has the potential to place service users at risk. This was highlighted during the pre-registration inspection of 17 April 2014 and there was little evidence of the necessary improvements. At the meeting on 16 November 2015 the responsible person submitted records which evidenced that the agency had full and satisfactory information pertaining to employees in accordance with Schedule 3.

A range of operational management systems, policies and processes were reviewed within the agency during inspection. There were direct communications with the referring HSC Trust which included telephone contacts and emails. Following the inspection the agency submitted individual worker feedback forms and service user feedback forms which they intend to put into operation now that the service has become more established. The agency also submitted a document dated November 2015 entitled “Quality Improvement Plan” which detailed arrangements and responsibilities to support and promote the quality of care services within the agency.

Is Care Effective?

The registered provider who is also the only care worker employed by the agency confirmed that since the agency became operational there have been no incidents of missed calls. On the day of inspection there was no policy on the management of missed or late calls, this was later emailed to the inspector who was satisfied that the procedures to be followed in the event of missed or late calls would improve the quality of the service.

Is Care Compassionate?

Continuity of care is assured within the agency as there is one care worker currently employed for the two service users. The registered manager confirmed that in the event of this care worker being unable to fulfil duties she would assume the responsibility for providing care.

There have been no complaints received by the agency since it became operational. Following the inspection the inspector spoke to HSC Trust representative regarding the care provided by the agency to one of the service users. The Trust professional explained that the service was new to the area and that to date they were very happy with the standard of care provided. They informed the inspector that the registered person was “very helpful and professional”.

Areas for Improvement

Areas for improvement identified on the day of inspection in relation to this theme were discussed at the meeting at RQIA offices. Records presented at the meeting evidenced that significant activity had taken place within the agency to ensure compliance with regulations and minimum standards associated with this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

Fitness of the registered manager

On the day of inspection the inspector requested records in respect of Regulation 10 (2) and Schedule 2. This information was not available but was produced at the meeting on 16 November and was in line with the Schedule 2. A requirement is made in respect of this matter.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Denise Cranston registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 15 (6) (a) Stated: Second time To be Completed by: 30 December 2015	The registered person is required to expand their procedure for the protection of children by enhancing a flowchart of the key steps staff should follow if abuse is suspected.		
	Response by Registered Person(s) Detailing the Actions Taken: A flowchart detailing key steps for staff to follow has been actioned and is attached.		
Requirement 2 Ref: Regulation 10 (2) (b) (c) Stated: First time To be Completed by: Immediate and ongoing	The registered person shall ensure that all records specified in Schedule 2 are available.		
	Response by Registered Person(s) Detailing the Actions Taken: Records were made available at the meeting with RQIA and are held on file		
Registered Manager Completing QIP	Lorraine Spence	Date Completed	30/12/15
Registered Person Approving QIP	Denise Cranston	Date Approved	30/12/15
RQIA Inspector Assessing Response	Audrey Murphy	Date Approved	11/01/16

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address