

# Unannounced Care Inspection Report 8 July 2019



## Compass Agencies Ltd

**Type of Service: Domiciliary Care Agency**  
**Address: 49a Cregagh Road, Belfast, BT6 8PX**  
**Tel No: 02890 457002**  
**Inspector: Michele Kelly**

[www.rqia.org.uk](http://www.rqia.org.uk)

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

Compass Agencies Ltd is a domiciliary care agency based in Belfast. The agency currently provides services to 262 service users living in their own homes within the Belfast Health and Social Care Trust (BHSCT). Service users have a range of needs including dementia, mental health and physical disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Compass Agencies Ltd  <b>Responsible Individual(s):</b> Miss Joanne Kelly	<b>Registered Manager:</b> Ms Jane Montgomery
<b>Person in charge at the time of inspection:</b> Ms Jane Montgomery	<b>Date manager registered:</b> 26 August 2016

### 4.0 Inspection summary

An unannounced inspection took place on 8 July 2019 from 10.00 to 15.15.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection aimed to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff training and development; the care records were well maintained and there was evidence that the agency engaged well with the service users. There were also many examples of good practice identified throughout the inspection in relation to the provision of compassionate care.

It was clear throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the agency's induction which included the value they place on individuality, rights, independence, dignity, choice, privacy, respect and partnership. Staff spoken with were able to give examples of how they upheld these values.

No areas for improvement were identified.

Service users and their representatives indicated that they were happy with the care and support provided.

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.

#### 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 Jane Montgomery, registered manager and Joanne Kelly, responsible individual, as part of the inspection process and can be found in the main body of the report.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 2 August 2018

The completed QIP was returned and approved by the care inspector.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 August 2018.

#### 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Two staff responded within the timeframe for inclusion within this report.

Questionnaires were also provided for distribution to the service users and their representatives; two were returned and comments are included within the report.

The inspector spoke with two service users, two staff members and two relatives. Comments received are included within the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The inspector would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 2 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 8.11 Stated: First time	The registered person shall monitor the quality of services provided in accordance with the agency's written procedures and complete a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers or representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure the organisation is being managed in accordance with minimum standards.  Ref: 6.7	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed a selection of monitoring reports and noted that these reflected an audit of working practices, service user and stakeholder views and where appropriate an action plan.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices.

Staff consulted with indicated that the staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met. New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. A review of records verified that staff were provided with an induction period which exceeded the timescales outlined within the regulations.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. Records of training supervision and appraisal viewed by the inspector were noted to be undertaken within the timeframes noted in the relevant policies and procedures. The inspector also viewed evidence of regular spot checks which are undertaken by the monitoring officer.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager holds this responsibility within the agency. Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The inspector advised that the Adult Safeguarding policy required updating and following the inspection an updated policy was forwarded to the inspector. The manager discussed one safeguarding referral and the inspector was satisfied that the agency had acted appropriately. The inspector was informed that a safeguarding position report is being prepared.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety.

Care records and information relating to service users were stored securely and accessible by staff when needed.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation induction, training and supervision and appraisal.

### **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



## 6.4 Is care effective?

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

The manager advised that when invited, they contribute to the service users' care reviews. It was good to note that reviews with Health and Social Care Trust (HSCT) staff specifically evaluate if any breach of the service user's human rights have been identified. Comments from service users are also recorded in the review minutes.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders.

Staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had quality monitoring systems in place; this included consultation with a range of service users, relatives, staff and where appropriate HSCT representatives. The inspector had email communication from a HSCT professional who wrote positively about Compass staff commenting:

- "Their staff are well informed about the specific needs of mental health."
- "Compass are responsive to the needs of our service, often helping us out at the last minute such as on a Friday afternoon when one of our clients is in crisis".

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user. Feedback received by the inspector from staff indicated that service users or their relatives have a genuine influence on the content of their care plans.

Service user care records viewed were noted to include referral information received from the relevant HSCT representative; they included risk assessments and care plans. The review of the individual service user care records identified that they were suitably detailed, person-centred and retained securely; they contained a range of assessments completed by the agency such as risk assessments, environmental assessments and a record of the care provided. The service users and relatives who spoke to the inspector on the telephone stated that they were supported to make choices in relation to the care they received and were involved in developing their care plan.

The manager could describe the processes used for supporting service users to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided. The inspector also noted that agency documentation had been reviewed to address personal information reflecting choice and individuality including:

- "What makes you happy?"
- "How do you like your tea or coffee?"
- "What is your preferred name?"

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key 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

### 6.5 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 organisation's principles of care were included in the staff induction workbook. This clearly identified to staff, the organisations' expectation in relation to equal opportunities, cultural diversity, confidentiality, person-centred approaches, assessing risk and communicating effectively. The review of the induction programme further identified that the agency's values were included; this included the importance on individuality, rights, independence, dignity, choice, privacy, respect and partnership. It was good to note that staff engaged in learning activities designed to explore core values and emphasise the importance of these in the care of vulnerable people. This is good practice.

Staff comments included:

- "It is the wee extra things that make this a caring job."
- "I love my job ,especially the older people and coming out of their home knowing that they feel good."
- "I have good job satisfaction."
- "I couldn't have a better job, the office are so understanding"

Service user comments:

- "Staff are brilliant."
- "Staff always go out of their way for me."

Relatives' comments:

- "The manager is always at the end of the phone."
- "The service is completely fabulous, girls are really good."

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner.



Reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders.

**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.

**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 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 agency is managed on a day to day basis by the manager, with the support of the responsible individual, the monitoring officer and a team of care staff. It was identified that the agency has effective systems of management and governance in place. On call arrangements were in operation and staff spoken with raised no concerns in relation to the responsiveness of the management team.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. They contained all information in compliance with the relevant standards and regulations. The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services

The manager advised that one complaint had been received from the date of the last inspection and the inspector was satisfied that responses were appropriate.

A review of the records confirmed that all staff were registered with the Northern Ireland Social Care Council (NISCC).

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A review of records confirmed that the monthly quality monitoring visit reports are completed by the responsible person. Monthly quality monitoring visit reports were available to be examined since the last inspection and reflected an audit of working practices, service user and stakeholder views and where appropriate an action plan.

There was a system in place to ensure that the agency’s policies and procedures were reviewed at least every three years. Policies were held in hard copy and in electronic format and were accessible to staff.

Throughout the inspection the inspector viewed evidence of effective collaborative working relationships with relevant stakeholders such as HSCT representatives and the HSCT contracts departments.

Staff who met with the inspector confirmed their satisfaction with management arrangements commenting:

- “Jane always works with you.”
- “Everyone has Joanne’s number.”

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. Staff could 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
- equity of care and support
- individualised person centred care
- individual risk assessment

On the date of inspection the certificate of registration was on display and reflective of the service provided.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<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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