

Unannounced Inspection Report

18 May 2017



Compass Agencies Ltd

Type of service: Domiciliary Care Agency
Address: 49a Cregagh Road, Belfast, BT6 8PX
Tel no: 02890457002
Inspector: Michele Kelly

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Compass Agencies Ltd took place on 18 May 2017 from 10.00 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and since the last 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 a comprehensive induction programme to ensure sufficient supply of appropriately trained staff at all times. Ongoing staff training is supported through theory and practical training sessions. Regular staff quality monitoring was also evident. 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. Staffing levels reviewed and discussed during inspection with all stakeholders supported appropriate staff in various roles to meet the needs of the service user group. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during inspection.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency is responsive to the needs of service users through the development and review of support plans. Service user guides and relevant information is provided to service users at service commencement. The agency's systems of quality monitoring for service users and staff have been implemented consistently in line with regulations and standards. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. Ongoing review of service quality through a range of contacts with service users, families and HSC trust professionals were evident. A range of compliments and feedback supported the inspector's assessment of compassionate care being delivered. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had evidence of policies and procedures alongside the agency statement of purposes and service user guide. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. Robust processes were evident in support of staff rotas, quality monitoring and review of incidents and complaints. The inspector reviewed evidence of effective communication with the HSC Trust regarding changes in service users' needs. The registered manager demonstrated appropriate knowledge in managing the service and provided all requested information for inspection review. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in their managers to support them and address matters arising. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

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 Ms Jane Montgomery, Registered Manager, and one of the proprietors of the agency 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 Quality Improvement Plan, QIP there were no further actions required to be taken following the most recent inspection on 28 February 2017.

2.0 Service details

Registered organisation/registered person: Compass Agencies Ltd/Miss Joanne Kelly	Registered manager: Ms Jane Montgomery
Person in charge of the service at the time of inspection: Ms Jane Montgomery	Date manager registered: 26 August 2016

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report and Quality Improvement Plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the registered manager and one of the proprietors
- Consultation with four care staff
- Consultation with a trust professional
- Examination of records
- File audits
- Evaluation and feedback.

Following the inspection the inspector spoke with four service users and one relative by telephone, on 22 and 23 May 2017 to obtain their views of the service. The service users interviewed informed the inspector that they received assistance with the following:

- Management of medication
- Personal care
- Meals.

During the inspection the inspector spoke with four care staff to discuss their views regarding care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Six staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Four staff members' recruitment records
- Induction policy and procedure
- Two staff members' induction and training records
- Two staff members' quality monitoring, supervision and appraisal records
- Training matrix
- A sample of service user/staff duty rotas
- Two new service user records regarding referral, assessment, care planning and introductory visits
- Two long term service users' records regarding review and quality monitoring
- Two client daily diary records
- The agency's service user guide/agreement
- The agency's statement of purpose

- Agency process for verifying staff NISCC registration
- Two monthly monitoring reports
- Four compliments
- One complaint record
- A range of staff meeting minutes
- Two communication records with trust professionals
- Complaints policy and procedure.

4.0 The inspection

Compass Agencies Ltd is a domiciliary care service based at Cregagh Road, Belfast. The service provides care and support to 145 individuals living in their own homes who have their services commissioned by the Belfast Health and Social Care Trust (BHSCT). Services provided include personal care, medication support and meal provision.

4.1 Review of requirements and recommendations from the most recent inspection dated 28 February 2017

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 28 February 2017

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13, Schedule 3 Stated: Second time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (c)he is physically and mentally fit for the purposes of the work which he is to perform; and (d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3	Met
	Action taken as confirmed during the inspection: Review of three staff recruitment records confirmed compliance with Regulation 13, Schedule 3 including a statement by the registered manager confirming the staff members’ fitness to practice.	

4.3 Is care safe?

The inspector was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Compass Agencies Ltd. One relative discussed a complaint involving a staff member; this matter had been discussed with the registered manager during inspection. The inspector was satisfied that the agency was investigating the complaint appropriately and had taken steps to ensure the safety of the service user and the training needs of the employee. New carers are introduced to the service user by a regular member of staff or supervisor; 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 inspector by the service users, examples given included manual handling, use of equipment and management of medication. One relative stated that they also advise carers about the special requirements a service user has in respect of moving and handling. 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:

- "Cannot speak highly enough about the carers".
- "Couldn't say a bad word".
- "They have a good knowledge of my needs".

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 in accordance with related regulations and standards.

Two files were reviewed relating to recently appointed staff. The registered manager verified all the pre-employment information and documents had been obtained as required. Review of three records during inspection confirmed compliance with Regulation 13 and Schedule 3. An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Review of four staff files supported a three day induction process compliant with Regulation 16(5) (a). Staff spoken with during inspection confirmed they had received a three day induction and where necessary extra shadowing days are available when staff or management believe they require additional time. The agency's registered manager confirmed the majority of staff are registered with NISCC with the remaining staff moving towards registration. A range of methods used by the agency to inform staff of their requirement to register were reviewed during inspection; these included individual supervision meetings and staff meetings. The monthly monitoring reports completed by the registered person also made reference to the current status of staff registered and registering. All four care staff spoken with during inspection had commenced employment within the previous two years. These staff members described their recruitment and induction training processes in line with those found within the agency procedures and records. Staff were also able to describe their registration process with NISCC.

The inspector was advised that the agency has not had any safeguarding or whistleblowing matters arise since the previous inspection. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing. They were able to name the safeguarding champion within the agency.

Staff training records viewed confirmed all care staff had completed the required mandatory update training programme. The training plan for 2017 was viewed and contained each of the

required mandatory training subject areas. Training is facilitated by the registered manager. Staff are also assessed during practical sessions both during the training and within service users' homes on an annual basis, and evidence of these assessments was contained within staff files reviewed during inspection. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Records reviewed for three staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and assessment of manual handling and medication competence in service users' homes.

The registered manager confirmed that the agency implements an ongoing quality monitoring process as part of the review of services and this was evident during review of three service users' records. The registered manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was viewed during inspection.

Service users who spoke with the inspector, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

The inspector observed the records management arrangements within the agency and concluded appropriate storage and data protection measures were being maintained.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

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 effective?

The inspector was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. Service users are usually introduced to new carers by a regular carer or supervisor.

The majority of service users and relatives telephoned raised no concerns regarding communication. One service user mentioned some difficulties in contacting the office during working hours as the phone line can be busy. This matter was discussed with the registered manager who agreed to investigate the issue and remind service users that messages can also be left on the on call telephone line. Home visits or phone calls have taken place as well as questionnaires being sent out by the agency to obtain service users' and relatives' views. Examples of some of the comments made by service users or their relatives are listed below:

- "Good rapport".
- "Pretty good, most of the time".
- "I trust them".

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trusts. The referrals detailed the services being commissioned and relevant risk assessments. The agency's 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's needs were being met. The registered manager explained that the agency is usually invited to attend the commissioning trust's arranged care review meetings with service users/relatives. The registered manager 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. The inspector spoke with a HSC Trust professional who was very satisfied with the care provided by agency staff and the responsiveness of management to issues raised.

Staff interviewed 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 inspector reviewed two completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs were identified. Staff also demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

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 care compassionate?

All of the service users and relatives interviewed by the inspector indicated that they felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect. One relative advised the inspector of an occasion when a carer displayed inappropriate behaviour. This matter had been raised as a complaint and the inspector considered the registered manager's approach had been appropriate. The complaint is still under investigation. 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 or questionnaires to ensure satisfaction with the care that has been provided by Compass Agencies Ltd. Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t choose nicer people”.
- “Very polite at all times”.
- “XXX monitors the carer’s work”.

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the inspector’s telephone discussions with service users and families.

Observation of staff practice carried out within service users’ homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The agency’s compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and with teams.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

The registered manager is also responsible for delivering most of the in-house training. She outlined an innovative approach to educating new carers about the importance of compassionate care. The inspector commended the strategy which would allow carers to reflect on their attitudes and develop a greater empathy with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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 concerns regarding the management of the agency were raised during the interviews.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Ms Jane Montgomery the agency provides domiciliary support to 145 service users living in their own homes.

Review of the statement of purpose and 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 and were clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents 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 policy and procedures which are maintained electronically were reviewed and contents discussed with the registered manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency.

The complaints log was viewed for 2016-2017 to date, with two complaints logged. Review of both complaints during inspection supported appropriate processes in place for complaints review and resolution. Monthly quality monitoring reports include a section for complaints review ongoing as necessary.

Discussion with the registered manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No safeguarding matters had occurred since the previous inspection and one incident involving medication was discussed with the inspector.

The inspector reviewed the monthly monitoring reports for March and April 2017. The reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Feedback from a trust representative post inspection highlighted communication between the agency and the trust is generally good and during the inspection the inspector noted a compliment received from another trust professional.

Four support staff spoken with indicated that they felt supported by their managers who they described as always available with an open door policy. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users. The inspector was informed by the registered manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC. Documentation in place showed that the remaining staff are awaiting their registration certificates.

Staff questionnaires received supported the service being well led with all staff indicating satisfaction with the agency management systems.

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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