

Unannounced Care Inspection Report 2 August 2018



Compass Agencies Ltd

Type of Service: Domiciliary Care Agency
Address: 49a Cregagh Road, Belfast, BT6 8PX
Tel No: 02890 457002
Inspector: Michele Kelly
User Consultation Officer (UCO): Clair McConnell

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

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| <p>Organisation/Registered Provider: Compass Agencies Ltd</p> | <p>Registered Manager: Ms Jane Montgomery</p> |
| <p>Responsible Individual: Miss Joanne Kelly</p> | |

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| Person in charge at the time of inspection: Ms Jane Montgomery | Date manager registered: 26 August 2016 |
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4.0 Inspection summary

An unannounced inspection took place on 2 August 2018 from 10.00 to 14.30 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 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.

Evidence of good practice was found in relation to;

- maintaining good relationships with stakeholders
- recruitment and induction procedures

Areas for improvement;

- Ensuring an action plan with timeframes for completion is included in monthly monitoring reports.

Service users and relatives spoken with by the User Consultation Officer (UCO) provided positive feedback in respect of the service provided by the agency in regards to safe, effective, compassionate and well-led care.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and the experience of the people who use the service.

The inspector would like to thank the registered manager, registered provider, and agency staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

Details of the Quality Improvement Plan (QIP) were discussed with Jane Montgomery, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 18 May 2017

No further actions were required to be taken following the most recent inspection on 18 May 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
- correspondence with RQIA
- user Consultation Officer (UCO) report

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

- discussion with the registered manager and registered provider
- consultation with two care staff
- examination of records
- file audits
- evaluation and feedback

The following records were examined during the inspection:

- Service user care records.
- Service user quality monitoring contacts.
- Staff quality monitoring contacts.
- Staff recruitment and induction records.
- Agency process for verifying staff NISCC registration.
- Staff training records.
- Complaints log.
- Monthly monitoring reports from April 2018 to June 2018.
- The agency's statement of purpose (2018).
- Annual quality review report (2017-2018).
- A range of quality monitoring reports from the Health and Social Care Trust.(HSCT).
- Policies and procedures relating to: staff recruitment, induction, equality and safeguarding.

Following 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. No feedback was received by RQIA at the time of writing this report.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

During the inspection the inspector met with the registered provider and two care staff.

As part of the inspection the User Consultation Officer (UCO) spoke with four service users and five relatives, by telephone, between 7 and 17 August 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 findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 May 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 18 May 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 viewed 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 recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Four records sampled confirmed staff pre-employment details have been completed in line with regulations and standards.

The agency's induction programme lasts at least three days and is in accordance with the timescales detailed within the regulations. The inspector saw evidence of a robust programme at the onset of employment. Staff stated that they are required to shadow other staff members during their induction. The inspector spoke to two staff who provided positive feedback about their induction and described how they were supported by the other staff and the registered manager. Records reviewed evidenced staff members' registration with the Northern Ireland

Social Care Council (NISCC) and the manager described the system in place to review staff renewal of registration.

Records of training and staff feedback indicated that staff attend a range of training in accordance with regulations, minimum standards and the agency's assessment of training needs. The agency has a training suite to facilitate face to face training in mandatory training subjects. The inspector noted that the provision of supervision, annual appraisal, training and induction are monitored on a regular basis by the manager and by other senior staff in the organisation. Records for three staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency time frames.

The agency's adult safeguarding procedures are in accordance with the regional policy and procedures. Staff who met with the inspector advised that safeguarding training is provided regularly and that safeguarding is discussed during staff meetings.

The agency has implemented the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance. The manager discussed the referral and ongoing investigations of potential safeguarding matters. The inspector was advised of the organisation's response to these matters and was satisfied that appropriate action had been taken to protect service users when the incidents were identified.

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 Compass. 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.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling, use of equipment 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:

- "It's reassuring for me that they call regularly with XXX and contact me if anything is wrong."
- "Consistency is great. They have got to know XXX well."
- "Lucky to have them."

The agency's premises include offices which on the day of inspection were suitable for the operation of the agency as set out in the Statement of Purpose. The inspector observed that there were adequate arrangements for the storage of records.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is outlined in the Statement of Purpose 2018) and Service User Guide (2018).

The inspector reviewed four service users' care and support plans. The inspector was informed that care and support plans are reviewed by the agency at least annually. The manager informed the inspector that multi-disciplinary reviews with the HSCT staff are usually scheduled on a yearly basis or sooner if needed. The inspector examined documentation for both processes and the records were satisfactory. The manager confirmed that HSCT representatives were contactable when required, regarding service user matters, and evidence of these communications were evident during inspection.

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.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services and this was evident during review of agency records and discussions with staff. This included involvement in service user care reviews, service user monitoring visits or telephone calls and an annual quality assurance/satisfaction survey. With the exception of a matter currently under investigation as discussed in section 6.4 of this report, records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Review of team meeting records indicated that team meetings took place regularly, the manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the team is supportive to each other and that staff communication is good.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the 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 are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Compass were raised with the UCO. The service users and relatives advised that home visits and 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:

- "Would be lost without them."

- “Doing a good job.”
- “Lovely girls.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, 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 |
|--|-------------|-----------|
| Total number of areas for improvement | 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. On the day of inspection 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, annual survey 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.

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

- “They’re kind and considerate. They’re very nice to XXX.”
- “Very friendly.”
- “No rushing. They take the time to talk to XXX.”

During the inspection the inspector met with two members of care staff who indicated they were very happy with the care and support provided by the agency.

Compliment records reviewed during the inspection showed that relatives appreciated the care and support provided by the agency. Comments included;

- “Lovely girl really enjoy her coming in, makes XXX feel good and never rushes.”

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 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 viewed the management arrangements and found there was a clear organisational structure. The registered manager Jane Montgomery leads a team of staff including senior staff and care workers.

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 information in compliance with the relevant standards and regulations.

On the date of inspection the RQIA certificate was displayed appropriately and was reflective of the service provided.

The policy and procedures which were reviewed were discussed with the manager. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives. Staff spoken with demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

Staff comments included:

- “Jane is very good as a trainer and very approachable.”
- “Senior staff are very reassuring.”

The inspector viewed monthly monitoring reports for April May and June 2018. It was noted that there was positive feedback included from service users, relatives and HSCT representatives. The record did not include an action plan with timescales for completion; this has been identified as an area for improvement.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives. Staff spoken with demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

The manager discussed the findings of a monitoring visit by the HSCT quality monitoring officer and issues raised in quality monitoring reports and serious adverse incidents. The inspector was satisfied by the agency's response to these matters; this included ensuring an extra topic "Complaints Management" was added to induction procedures and auditing of service user records.

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 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

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.

Areas of good practice

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

Areas for improvement

One area for improvement has been identified and refers to ensuring an action plan with timeframes for completion is included in monthly monitoring reports.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 1 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jane Montgomery, registered manager, and Joanne Kelly, registered provider, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

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|--|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p> | <p>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.</p> <p>Ref: 6.7</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The month before the inspection, the trust had carried out its own inspection, within that inspection they had highlighted one small thing which was not a requirement. However, I felt was a good idea and implemented the change whilst the Trust were present. When completing my monthly report I did not note this as an action. The reason for this was, I had dealt with it right a way, so therefore, there was no action to take, but in future I will be including any changes as such, as actions.</p> |

Please ensure this document is completed in full and returned via Web Portal



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