

Unannounced Care Inspection Report 28 February 2017



Compass Agencies Ltd

Type of Service: Domiciliary Care Agency
Address: 49A Cregagh Road, Belfast BT6 8PX
Tel No: 02890457002
Inspector: Amanda Jackson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Compass Agencies Ltd took place on 28 February 2017 from 09.30 to 15.15 hours.

The inspection sought to assess progress with any issues raised during and since the previous 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 induction training programme to ensure sufficient supply of appropriately trained staff at all times. One area for improvement was required in line with Regulation 13 and Schedule 3 regarding the registered person or registered manager statement regarding staff fitness to practice. 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.

One area for quality improvement was identified as outlined above.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

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.

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 supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

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	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Jane Montgomery, registered manager, and the proprietor of the agency 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 02 June 2016.

2.0 Service details

Registered organisation/registered persons: 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 agency proprietor
- Consultation with four care staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the UCO spoke with eight service users and six relatives, either in their own home or by telephone, on 06 March 2017 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
- Housework
- Shopping.

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

On the day of inspection the inspector met 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 randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Four 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
- Training, Development, Staff Monitoring and Supervision Policy (which includes induction and appraisal procedures, programme of induction and supporting templates)
- Three staff members' induction and training records
- Three long term staff members' quality monitoring and appraisal records
- Three long term staff members' training records
- Three staff duty rotas
- Vulnerable Adults Policy and Procedure
- Whistleblowing Policy and Procedure
- One safeguarding record
- Three new service user records regarding referral, assessment, care planning and introductory visits
- Four long term service user records regarding review, reassessment and quality monitoring
- Management, Control and Monitoring of the Agency Policy and Procedure
- Record Keeping and Reporting Policy and Procedure
- The agency's Service User Guide/Agreement
- The agency's Statement of Purpose
- Staff Handbook
- Two service users' home recording records
- Two monthly monitoring reports
- Three compliments
- Two staff meeting minutes
- Four communications to trust professionals/keyworkers regarding changes to service users' care
- Confidentiality Policy and Procedure

- Complaints Policy and Procedure
- Five complaints records
- Reporting Adverse Incidents Policy and Procedure.

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 02 June 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13, Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(a) he is of integrity and good character;</p> <p>(b) he has the experience and skills necessary for the work that he is to perform;</p> <p>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Action taken as confirmed during the inspection:</p> <p>Inspector evidence:</p> <p>Review of three staff recruitment records confirmed compliance with Regulation 13, Schedule 3 with exception to a statement by the registered person or registered manager regarding the staff members' fitness to practice. This matter has been restated on the QIP.</p>	Partially Met
<p>Requirement 2</p> <p>Ref: Regulation 21(1), Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>(b) retained for a period of not less than eight years beginning on the date of the last entry; and</p> <p>(c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.</p>	

	<p>Action taken as confirmed during the inspection:</p> <p>Inspector evidence:</p> <p>All records requested and reviewed during inspection were found to be compliant with Regulation 21(1), Schedule 4.</p>	
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 11.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection</p>	<p>The registered person is recommended to ensure all matters relating to Standard 11.2 are complete before making an offer of employment.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Inspector evidence:</p> <p>Review of three staff recruitment records confirmed compliance with Standard 11.2 QIP.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection</p>	<p>The registered person is recommended to ensure a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the training event • the date(s) of the training • the name and qualification of the trainer or the training agency • content of the training programme. <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Inspector evidence:</p> <p>All records requested and reviewed during inspection were found to be compliant with Regulation 21(1), Schedule 4.</p>	<p>Met</p>

Recommendation 3 Ref: Standard 12.9 Stated: First time To be completed by: With immediate effect from the date of inspection	The effects of training on practice and procedures is evaluated as part of quality improvement.	Met
	Action taken as confirmed during the inspection: Inspector evidence: Review of three staff training records confirmed compliance with Standard 12.9.	

4.2 Is care safe?

The agency currently provides services to 146 service users living in their own homes within the Belfast Health and Social Care Trust (BHSCT). A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three 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 records during inspection confirmed compliance with Regulation 13 and Schedule 3 with exception to a statement by the registered person or manager regarding staff fitness to practice; a requirement previously stated in the last inspection report has been restated in this regard. An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. The majority of staff are currently registered or working towards registration with NISCC with the agency registered manager confirming support is provided to assist staff in meeting the NISCC timeframes for 2017. A number of the four care staff interviewed during the inspection day had commenced employment within the previous year. These staff members described their recruitment and induction training processes in line with those found within the agency procedures and records.

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 Care Agency. 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. Two service users advised that the teams of carers are regularly changed and they felt that better consistency would be beneficial.

No training issues regarding management of medication or use of equipment were raised with the UCO; however, one relative felt that it would be beneficial for the carers to have autism awareness training. All of the service users and relatives interviewed confirmed that they could approach the carers if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "No faults with any of them."
- "Any concerns are reported to the office and me."
- Consistency could be better. Different carers all the time."

All matters raised during the UCO discussions were shared with the manager for review post inspection. The manager confirmed inconsistency in carers was due to recent periods of staff absence which had now settled. The manager provides weekly fact sheets to staff on conditions which they may come across in the course of their work. A number of these were reviewed during inspection; the manager has agreed to provide information on autism in the next fact sheet.

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding Policy and Procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's Whistleblowing Policy and Procedure was found to be satisfactory.

Staff training records viewed for 2016 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas. Training is facilitated by the registered manager within the agency and with external training agencies as required. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Staff spoke of additional opportunities available for training in areas where staff felt they required more knowledge, such as dementia.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

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.

Safeguarding was discussed during inspection; the registered manager confirmed one matter had arisen since the previous inspection which was not reportable to RQIA. The registered manager presented appropriate knowledge in managing matters when they arise. Review of the one safeguarding matter confirmed appropriate procedures in place with the agency. All records were centrally maintained and available for review.

Each of the four staff interviewed had a clear understanding of their roles and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A sample of three service user files confirmed that the agency management had carried out ongoing review of services with service users/representatives. The registered manager confirmed that the agency implement an ongoing quality monitoring process as part of their review of services and this was evident during review of four service users' records. The registered manager confirmed that trust representatives were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

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. Service users

spoken with by the UCO highlighted some inconsistencies in rotas and staff attending calls. This matter was brought to the attention of the registered manager who confirmed this arose due to staff absence which has now been resolved.

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

Areas for improvement

One area for improvement was identified during the inspection and relates to a statement by the registered person or registered manager regarding staff fitness to practice in accordance with Regulation 13 and Schedule 3.

Number of requirements	1	Number of recommendations:	0
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4.3 Is care effective?

The UCO was informed by a number of service users and relatives interviewed that there can be variation in the time of calls; this was supported by the review of the agency log sheets for six service users. No concerns were raised regarding calls being missed; however, one service user did advise that their call was rushed and there was a poor standard of cleaning.

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 Compass Care Agency were raised with the UCO. Some of the service users and relatives advised that home visits or phone calls had taken place and that they had received a questionnaire from the agency to ensure satisfaction with the service.

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

- “Couldn’t say a bad word.”
- “The times of calls can vary which upsets the routine in the house.”
- “It’s good support for the family.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to six service users. One care plan required to be updated and issues were noted on the log sheets regarding signatures and variation in call times.

All matters raised during the UCO discussions were shared with the manager for review post inspection.

The agency’s recording and reporting policy and associated procedure had been revised in 2016. The agency maintained recording sheets in each service user’s home file on which care staff record their visits. The inspector reviewed two completed records returned from service user’s homes, which confirmed procedures in place. The inspector did however discuss with the registered manager staff handwriting in some records, reviewed in terms of legibility and the full signatures of staff attending the calls not always recorded; the registered manager is currently reviewing this matter through staff team meetings and meeting minutes reviewed at inspection supported this process.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users' needs are identified. Staff interviewed confirmed ongoing quality monitoring is completed by their senior staff to ensure effective service delivery.

The registered manager confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with four care staff during the inspection supported review of this topic as necessary and the staff meeting records supported coverage of this topic.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments from professionals as necessary. The assessments and care completed by the agency ongoing evidence that service users' and/or representatives' views are obtained and where possible incorporated. The Service User Guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the Service User Guide in an alternative format but confirmed this would be accommodated as necessary to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care plan during the course of their time with the service. Questionnaires are provided for service users to give feedback on an annual basis. Evidence of this process was discussed during inspection in terms of the annual quality report which is currently being compiled for 2016. Review of a 2015 annual report could not take place as the service became registered during 2015. Service user files reviewed during inspection contained evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to other Trust professionals and evidence of this process was reviewed during inspection.

The agency has not completed their annual quality report for 2016 as detailed above.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

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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4.4 Is care compassionate?

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. During the home visits the UCO observed the interaction between two carers and a service user; these were felt to be appropriate and friendly in nature.

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

- “XXX has got to know the girls well.”
- “Very, very nice.”
- “The girls are really nice to me.”

Records viewed in the agency office and discussions with staff confirmed that observation of staff practice was carried out within service users’ homes on an ongoing basis. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. Where issues regarding staff practice are highlighted via other processes such as complaints or safeguarding, the registered manager presented evidence to support appropriate follow up processes to address matters arising.

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 also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

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 agency implement service user quality monitoring practices on an ongoing basis through home visits by the agency management team. Records reviewed during inspection support ongoing review of service users’ needs with evidence of a revised care plan in two files reviewed. Quality monitoring from service user visits alongside monthly quality reports evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Thank you for accepting me for who I am’. (Thank you card from service user).
- ‘Excellent training by the manager’. (Thank you card from staff member regarding manager training).
- ‘It was such an enormous comfort to all the family that he has being looked after by such dedicated and caring people’. (Thank you card from family).
- ‘Thanks to all staff with all the service users throughout the year’. (Email from Trust professional).

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 the service well led?

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 care to 146 people living in their own homes.

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.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedures which are maintained electronically were reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. Concerns regarding the management of the agency were raised during the interviews in relation to the organisation of runs and times for the carers. Again this feedback was shared with the registered manager post inspection for review.

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 complaints log was viewed for 2015 and 2016 to date, with two complaints logged. Review of both complaints during inspection together with three more recent complaints supported appropriate procedures in place. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No incidents had occurred since the previous inspection. One safeguarding matter which had arisen was not notifiable to RQIA; review of this matter during inspection supported appropriate procedures in place.

The inspector reviewed the monthly monitoring reports for December 2016 and January 2017. The reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards. The reports are discussed with the registered manager and action plans implemented. Reports are reviewed but not currently signed off by the registered person and this process was recommended during inspection. The registered manager confirmed this matter would be taken forward with the registered person.

The four care staff interviewed indicated that they felt supported by senior staff who were described as available to discuss matters both in person or via telephone. Staff discussed quality monitoring, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff supported that current staffing arrangements are appropriate in meeting service users and this was also reflected in staff questionnaires returned to RQIA.

Ongoing electronic communications with Trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning Trust.

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

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Ms Jane Montgomery, and the agency proprietor, 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 13,
Schedule 3

Stated: Second
time

To be completed by:
With immediate effect
from the date of
inspection

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

Response by registered person detailing the actions taken:

Have included onto interview sheet questions, implemented the next day with an interviewee, and working well where placed.

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



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