

Announced Care Inspection Report 07 March 2018



TW Care Services Ltd

Type of Service: Domiciliary Care Agency
Address: Forsyth House, Cromac Square, Belfast, BT2 8LA
Tel No: 07450957712
Inspector: Aveen Donnelly

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

This is a domiciliary care agency which provides personal care and live-in support to people living in the Ballymena area.

3.0 Service details

Organisation/Registered Provider: TW Care Services Ltd	Registered Manager: Ms Olipah Gahadza
Responsible Individual: Ms Olipah Gahadza	
Person in charge at the time of inspection: Ms Olipah Gahadza	Date manager registered: 24 August 2016

4.0 Inspection summary

An announced inspection took place on 7 March 2018 from 10.15 to 16.00 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 pre-registration inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There was good practice identified in relation to the care delivery and the care records. Service users' representatives were very complimentary regarding the service. Discussion with relatives supported good practice in the area of compassionate care and evidence of good working relationships with service users and their representatives.

As a result of the inspection, RQIA was concerned that some aspects of the quality of service provided by TW Care Services were below the minimum standard expected. A decision was taken to hold an intention meeting to issue a failure to comply notice in relation to recruitment processes; and a serious concerns meeting in respect of staff induction, availability of records, monthly quality monitoring visits and the fitness of the registered manager. Both meetings took place at RQIA on 26 March 2018.

During the intention meeting the manager acknowledged the failings and provided a full account of the actions and arrangements made to ensure the improvements necessary to achieve full compliance with the required regulation. RQIA was not satisfied that sufficient progress had been made since the date of the inspection and a decision was made to serve one failure to comply notice.

During the serious concerns meeting, the manager acknowledged the failings and provided a satisfactory action plan detailing the actions taken or to be taken to ensure compliance with the regulatory breaches identified. RQIA was satisfied with the information and assurances provided and a decision was made to issue a Quality Improvement Plan (QIP).

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
Total number of areas for improvement	4	*2

*The total number of areas for improvement includes one area for improvement which has been stated for a second time.

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

Enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection dated 14 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 July 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the previous inspection report
- the returned QIP from the previous inspection
- record of notifiable events received since the previous inspection
- written and verbal communication received since the previous care inspection

During the inspection the inspector spoke with the manager and two service users' representatives.

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 provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff feedback was returned.

The following records were examined during the inspection:

- two staff recruitment records
- staff induction records
- staff training records for 2016/2017
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- daily logs returned from the service users' homes
- three service user records regarding review, assessment and care planning
- RQIA registration certificate
- service user guide/agreements
- Statement of Purpose

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 July 2016

The most recent inspection of the agency was an announced pre-registration inspection.

The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 July 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 15(6)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall-</p> <p>(a) Specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that a flow chart was displayed, which detailed the procedure to be followed after an allegation of abuse, neglect of harm.</p>	
Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p>	<p>The agreement between the service users and the service provider specifies:</p> <ul style="list-style-type: none"> the date of commencement of the service the arrangements for any financial transactions undertaken on behalf of the service users by the agency's staff and the records to be kept 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of the service user agreement identified that it contained the dates of commencement of service; and the arrangements for any financial transactions, as described above. However, the service user agreement identified deficits in relation to other matters. Therefore a new area for improvement has been identified under the minimum standards. Refer to section 6.7 for further detail.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 16.3</p> <p>Stated: First time</p>	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff.</p>	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>There was no evidence that formal supervision had been undertaken with staff or that it was being planned. A review of the two available personnel records identified deficits in relation to the completion of mandatory training requirements. Deficits were also identified in relation to the induction process and the monthly quality monitoring visits had not commenced since the agency became operational. Refer to section 6.4 and 6.7 for further detail.</p> <p>This area for improvement has been stated</p>	

	under the minimum standards for the second time.	
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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.

The agency's registered premises were located at Cromac Square, Belfast and are suitable for the purposes of the agency. During the meetings held at RQIA, the manager advised that the agency's office was going to relocate to Warden Street in Ballymena. Following the meeting, this application for change of address has been approved by RQIA.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of a team of carers. Given that there was no staff roster maintained, the adequacy of the staffing arrangements was confirmed through discussion with two of the service users' representatives. No concerns were raised in this regard.

During the inspection, the inspector was unable to evidence that recruitment processes had been consistently adhered to. One recruitment record was found to be compliant. Recruitment files for three other members of staff and two volunteers were unavailable. The inspector was unable to substantiate that Access NI Enhanced disclosure checks had been completed in respect of the identified staff members. An additional personnel file for a staff member was found to be without references and it was identified that the Access NI had been received after the staff member had commenced employment with the agency.

RQIA was concerned that the necessary safeguards to protect and minimise risk to service users, through robust effective recruitment practice, were being compromised. As previously discussed a meeting was held with the intention of serving a failure to comply notice in respect of Regulation 13, Schedule 3. At this meeting an action plan was provided and assurances were given that necessary actions had been taken to ensure compliance in this area. RQIA was not satisfied that sufficient progress had been made since the date of the inspection and a decision was made to serve one failure to comply notice. RQIA advised that going forward recruitment records should be kept in the agency premises and made available for inspection. Refer to section 6.7 for further detail. A further inspection will be undertaken on 07 May 2018 to validate compliance with the failure to comply notice.

The manager outlined the process in place to ensure that the staff were registered with NISCC. However, further discussion identified that one staff member had not completed their application and the manager was unable to explain how this application was going to proceed. This was discussed with the manager at the serious concerns meeting, in which she confirmed that this matter had been addressed. This will be monitored during future inspection.

During the inspection, a review of one staff record evidenced that the induction training had been completed in one day, which is not in line with the regulatory three day timeframe. A second staff record reviewed identified that the induction record had only been completed the

week prior to the inspection and again, this was completed in one day. Given that no staff roster had been maintained, the inspector was unable to verify if any shadowing had occurred or whether the competency of staff had been assessed on completion of their induction training programme. This has been identified as an area for improvement.

There was no evidence that formal supervision had been undertaken with staff or had been planned. A review of the two available personnel records identified deficits in both records in relation to the completion of mandatory training requirements. An area for improvement has been stated for the second time.

The manager informed the inspector that there had been no safeguarding incidents from the preregistration inspection undertaken on 14 July 2016. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager holds this responsibility. The manager outlined her understanding of the process for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they may be required to be involved in. Advice was given by the inspector in relation to specific training on the ASC role that would enhance the registered manager's own knowledge of the types and indicators of abuse; and her awareness of the responsibilities of this role. Following the inspection, the manager confirmed to RQIA, by email on 14 March 2018, that this training had been completed. The manager further discussed the benefits of attending this training during the serious concerns meeting on 26 March 2018.

A review of the records confirmed that arrangements were in place for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessment and care plans had been completed in conjunction with service users and their' representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the staffing arrangements.

Areas for improvement

It should also be noted that a failure to comply notice was served in relation to the recruitment practices. Areas for improvement identified related to the staff induction process. An area for improvement, previously made, has also been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The inspector examined three service users' care records and found these to be detailed, personalised and reflective of the individuals' preferences. A review of the daily logs returned from the service users' home evidenced that there were good records maintained in relation to the care and support provided. There was also evidence that referrals had been made to multidisciplinary professionals, as appropriate.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users.

Areas for improvement

No areas for improvement were identified in this domain 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.

All of the relatives consulted with felt that care was compassionate. The relatives advised that carers treated the service users with dignity and respect, and that care was never rushed.

Views of service users and relatives have been sought through home visits and phone calls, to ensure satisfaction with the care that has been provided.

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. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits and this was confirmed by the manager.

There were no staff available for consultation during the inspection. However, the inspector spoke with two relatives who indicated that they were very happy with the care and support provided by the agency. Some comments received are detailed below:

Relatives

- "We are very happy with the care provided."
- "The agency has gone beyond the call of duty in what they have done for us, it is a really good, personalised service and we are overjoyed at the difference they have made."

Areas of good practice

Discussion with relatives supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified in this domain 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 manager confirmed to the inspector that there were no records maintained of staffing rosters from October 2017, when the agency first became operational. It was noted that the manager was providing shift cover in addition to her role as registered manager. The findings of this inspection evidenced that this was impacting on her ability to fulfil her role and responsibilities with reference to the lack of robust governance arrangements. This related particularly to the absence of recruitment records, staff rosters, an up to date index of domiciliary care workers supplied or available for supply by the agency and service users. This has been identified as an area for improvement

This matter was discussed at the serious concerns meetings held in RQIA and the manager acknowledged the lack of information available during inspection.

A review of governance arrangements evidenced that although there were some systems in place to monitor and report on the quality of service provision, a number had yet to be implemented. The findings of this inspection evidenced that the lack of quality monitoring had a direct impact on the safe delivery of service. As previously referred to, this was discussed with the manager during the serious concerns meeting. The manager acknowledged that the monthly quality monitoring visits needed to commence. At the serious concerns meeting, the manager was instructed to submit the monthly quality monitoring reports to RQIA, until further notice. RQIA received the monthly quality monitoring reports and the revised action plan, by email on 07 April 2018. Due to the number of failings identified during this inspection, this has been identified as an area for improvement.

The manager informed the inspector that no incidents had occurred within any of the service users' homes. However, discussion evidenced that the manager did not have an awareness of the reporting requirements of notifiable events to RQIA.

The concerns identified throughout this report indicate that there are concerns regarding the fitness of the registered manager. The main concerns relate to recruitment practices, quality monitoring, staff rostering and induction; and in relation to the registered manager's own knowledge of adult safeguarding; and in relation to what is required to be notified to RQIA under the regulations. This has been identified as an area for improvement.

As previously discussed in section 6.2, action had been taken to address the identified deficits in the service user agreement, specified in the previous QIP. However, a review of the service user agreement identified other shortfalls. For example, in one care record, the agreement did not explicitly state the duration of the morning or evening calls. This meant that service users would not have been clear in relation to the charges. The service user agreement also made reference to charges for flights, that service users may have to pay for separately. This was discussed with the manager, who stated that there was no separate agreement, in relation to these charges. A new area for improvement has therefore been made under the minimum standards, to ensure compliance and to drive improvement.

Areas of good practice

There was evidence of good working relationships with service users.

Areas for improvement

Areas for improvement made under the regulations related to the availability of records for inspection, the governance and management arrangements, the fitness of the registered manager and the service user agreement.

	Regulations	Standards
Total number of areas for improvement	3	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 Olipah Gahadza, registered manager, 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 Regulations (Northern Ireland) 2007 and/or 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 Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 16(5) (a)</p> <p>Stated: First time</p> <p>To be completed by: 05 May 2018</p>	<p>(5) Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that—</p> <p>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days;</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: Action by Registered Person;</p> <ol style="list-style-type: none"> 1. Review Induction Programme AND include time and date of induction. 2. Local trainer to be identified for Mandatory Trainings 3. All staff to complete the NISCC Induction Programme 4. Staff Booking and training on Pass system software used by TW. Manager to have training on Quick Plan Rostering System 5. Training Audit Tool to be in place and maintained. 6. Staff Rota to be in place reflecting induction and shadowing dates for new staff. <p>Action taken and completed</p> <p>Induction programme reviewed guided by NISCC Code of Practice for managers. Staff Handed out NISCC Induction booklet which should be completed by staff within 6 weeks.</p> <p>Recruitment compliance audit tool 06/03/18 Staff training matrix including -Supervision and Appraisal. Columns – 06/03/18</p> <p>NISCC application for 1 staff has been endorsed. 06/04/18</p> <p>Pass system includes -Shadowing report, End of Probation assessment, Spot Checks completed for the month of April 2014</p> <p>Quick plan training for Manager completed by Manager. Quick plan software installed and activated</p>
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<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: 05 May 2018</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Action by Registered Person;</p> <ol style="list-style-type: none"> 1. Robust recruitment process to be demonstrated in Policies and procedures and evidenced in staff folders. 2. staff profiles to be completed and updated 3. Alphabetical Index for staff to be completed include addresses 4. Alphabetical index for service users to be in place <p>Action taken and completed:</p> <p>Alphabetical index for staff and service users completed 06/04/18 Staff profile 06/04/18 Staff recruitment compliance Check list and Staff Folder index in place. 06/04/18</p> <p>Recruitment Compliance tool in place with evidence of staff names , start dates and training dates. Sent to inspector on 25/04/18</p> <p>Training Matrix in place sent to inspector on 25/04/18</p> <p>Staff Folders Audited for compliance and signed/dated by Manager</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p> <p>To be completed by: 05 May 2018</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Action by Registered Person;</p> <p>Monthly monitoring visits and audits to commence as soon as possible.</p> <p>Action taken and completed(continuously monitored)</p> <p>Manager's April Report completed and sent on 24/04/18</p> <p>Medication Audit carried out on 24/04/28</p> <p>Quality Assurance Folder in Place with evidence of audits carried out during the Month of April 2018</p> <p>Pass system software used by TW includes - Shadowing report,</p>

	<p>Probation report, spot checks and supervision.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 11 (1)</p> <p>Stated: First time</p> <p>To be completed by: 05 May 2018</p>	<p>The registered provider and the registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken:</p> <p>Action by Registered Person:</p> <ol style="list-style-type: none"> 1. Folder with all RQIA updates and Guidelines to be kept and read by Manager. 2. Manager to attend trainings offered by RQIA and ACCESS NI 3. Other trainings on Recruitment to be attended by Manager and Safeguarding Champion training to be attended by manager. 4. Request for Access NI audit sent to Access NI 5. More staff to be recruited for manager to have enough time for recruitment compliance and safe practice. <p>Action taken and completed</p> <p>RQIA Folder in place Manager registered member with REC</p> <p>Safeguarding Champion Training attended on 09/03/18.</p> <p>1 more staff is still in the process of being recruited- waiting for 2nd reference.</p> <p>Since office is now local in Ballymena Manager has more time to focus on the running of the agency.</p> <p>Attended Access NI Signatories training on 17/04/18</p> <p>Statement of Purpose updated on 17/04/18</p> <p>Support Worker post advertised with Ballymena Job Centre</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 16.3</p> <p>Stated: Second time</p> <p>To be completed by: 05 May 2018</p>	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff.</p> <p>Ref: Section 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Action by Registered Person</p> <p>Training and Supervision Policy to be in place and to be evidenced in practice.</p> <p>Action taken and completed;</p> <p>Staff training matrix in place- Supervision and Appraisals included Supervision agreement with staff in place 2 Supervisions and Upraisals carried out.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 05 May 2018</p>	<p>The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none"> • the duration if known and the arrival and departure times of staff • the arrangements for reviewing the agreement <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Manager discussed with family and Service user. Contract has been amended reflecting; the agreed duration of the visits which will be reviewed within two months due to current presenting needs of the service user.</p>



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