

Unannounced Care Inspection Report 27 June 2018



Gosna Care Agency Ltd

Type of Service: Domiciliary Care Agency
**Address: Russell Business Centre, Office 103, 40-42 Lisburn Road,
Belfast, BT9 6AA**
Tel No: 02895 213856
Inspector: Kieran Murray

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

This is a domiciliary care agency which provides personal care and housing support to 33 individuals in their own homes. Service users have a range of needs including physical disabilities, elderly care, cancer and dementia. The service users are consulted and involved in all decisions associated with their support. Service users reside in the South Eastern Health and Social Care Trust area. They are supported by 12 staff.

3.0 Service details

Organisation/Registered Provider: Gosna Care Agency Ltd Responsible Individual(s): Ms Florence Tanyanyiwa	Registered Manager: Mrs Gladys Sibiya
Person in charge at the time of inspection: Responsible Person	Date manager registered: 22 December 2016

4.0 Inspection summary

An unannounced inspection took place on 27 June 2018 from 09.30 to 16.45 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:

- Care reviews
- Training and development
- Supervision and appraisals

Areas requiring improvement were identified in relation to staff recruitment and pre-employment checks, care and support plans and record keeping.

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	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Florence Tanyanyiwa, Responsible Person, 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 21 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 February 2018.

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 and quality improvement plan (QIP)
- Record of complaints
- Record of notifiable incidents
- Correspondence with RQIA

As part of the inspection the User Consultation Officer (UCO) spoke with five service users and five relatives, either in their own home or by telephone, on 19 and 20 June 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
- Sitting service

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

During the inspection the inspector met with the responsible person and a telephone conversation with one member of staff and two Trust professionals.

The following records were examined during the inspection:

- A range of care and support plans
- Health and social care (HSC) Trust assessments of needs and risk
- Assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Induction records
- Staff rota information
- Recruitment policy
- A range of policies relating to the management of staff

- Supervision policy
- Induction policy
- Safeguarding vulnerable adults policy
- Restrictive practice policy
- Risk management policy
- Incident policy
- Whistleblowing policy
- Policy relating to management of data
- Complaints policy
- Statement of purpose
- Service user guide.

At the request of the inspector, the responsible person 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. Four responses were received from agency staff and one from visiting professionals.

The inspector requested that the registered manager place a 'Have we missed you...?' card in a prominent position in the agency to allow service users, relatives and families 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 prior to the issue of the report.

The feedback received on the questionnaires and responses will be reflected in the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially met.

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 21 February 2018

The most recent inspection of the agency was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 21 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13(d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available to him in respect of each of the matters specified in Schedule 3.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector evidenced a list of work permit expiry dates held at the agency but gaps in employment histories were not clarified at interview.</p>	Partially Met
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>The record maintained in the service user's home details (where applicable):</p> <ul style="list-style-type: none"> • the date and arrival and departure times of every visit by the agency staff • actions or practice as specified in the care plan • changes in the service user's needs, usual behaviour or routine and action taken • unusual or changed circumstances that affect the service user • contact between the care or support worker and primary health and social care services regarding the service user • contact with the service user's representative or main carer about matters or concerns regarding the service user • contact with the service user's representative or main carer about matters or concerns regarding the health and well-being of the service user • requests made for assistance over and above that agreed in the care plan; and 	Met

	<ul style="list-style-type: none"> incident, accidents or near misses occurring and action taken. <p>A copy of all this information should be available in the agency office for inspection at all times.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection:</p> <p>The inspector evidenced copies of service users' care and support plans in the agency office.</p>	Partially met
<p>Area for improvement 3</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector and UCO noted daily logs were not consistently signed by agency staff.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 11.2</p> <p>Stated: First time</p>	<p>Before making an offer of employment:</p> <ul style="list-style-type: none"> where appropriate, a valid driving licence and insurance cover for business use of car is confirmed 	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The responsible person advised the inspector that staff use the company cars now and do not claim travel expenses.</p>	
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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.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place. The inspector examined a range of staff files which showed that the agency had not explored employment gaps with interviewees prior to offering a contract of employment. An area for improvement has been re-stated in relation to Regulation 13 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The agency's induction programme outlines the induction programme lasting at least four days which is in accordance with the timescales detailed within the regulations. Staff stated that they are required to shadow other staff members during their induction. The inspector spoke to one member of staff who provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by the other staff and the registered manager/responsible person.

Staff comments:

- "My induction included shadowing for a week and a half."
- "Training prepared me for the job."

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015. The inspector received feedback from the registered manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. Staff who spoke to the inspector were able to name the agency's safeguarding champion.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear lines of accountability. On the day of the inspection the inspector noted that there had been no safeguarding referrals made since the previous inspection 21 February 2018.

Examination of records indicated that a system to ensure that staff supervision are planned and completed in accordance with the agency policy. The responsible person advised the inspector that staff have not yet been employed a year within the service, so appraisals will be taking place later in the year.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training plans which indicated compliance with regulation and standards. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Dementia Care, Continence Management and Person-Centred Care training.

The inspectors received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. The inspector noted that a new restrictive practice was implemented by the agency but support and care plans were not completed in conjunction with the service user, representative, HSC Trust professionals and agency staff to ensure that this restrictive practice was of the least restrictive nature and would be reviewed and evaluated. An area for improvement has been made in relation to Regulation 13 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been one incident/accident since the previous inspection on 21 February 2018; records provided to the inspector confirmed that they were completed in line with the agency policy and procedure.

The inspector noted that the agency had received no complaints since the last inspection on 21 February 2018.

The inspector noted that evidence of review of service users' needs took place yearly or sooner if required.

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 Gosna. Care is usually provided by a regular team of carers and new carers are normally 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 of care given included manual handling, use of equipment and management of medication. 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:

- "Would give them 11 out of 10."
- "More than happy."
- "Only praise for them. Very grateful for their help."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, next training, supervision.

Of the four responses returned by staff, three indicated they were 'very satisfied' that care was safe and one indicated that they were 'satisfied' care was safe. Of one response returned by a visiting professional, one indicated that they were 'satisfied' care was safe.

Areas for improvement

Areas for improvement were identified during the inspection in relation to pre-employment checks and restrictive practice.

	Regulations	Standards
Total number of areas for improvement	2	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 laid out in the Statement of Purpose (2018) and Service User Guide (2016).

The inspector reviewed six service users' care and support plans. The inspector was informed that care and support plans are reviewed six monthly or sooner by the agency. The responsible person informed the inspector that multi-disciplinary reviews with the Trust were planned to take place on a yearly basis or sooner if needed. As the agency is not operating a year as yet, no annual reviews had taken place.

The agency maintained recording templates in each service user's home file on which care workers recorded their visits. The inspector and UCO examined records in regards to record keeping and found that records were inconsistently signed by staff. An area for improvement has been stated for the second time in relation to Standard 5 of the Domiciliary Care Agencies Minimum Standards 2011.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Staff comments:

- "I am aware of service users' needs".

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 UCO was informed that there were some concerns regarding timekeeping which should be kept under review by the agency's management. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users

advised that they were usually introduced to new carers by a regular carer and new carers are aware of the care required.

No issues regarding communication between the service users, relatives and staff from Gosna were raised with the UCO. The majority of the service users and relatives were able to confirm that home visits or phone calls have taken place to obtain their views on the service. Examples of some of the comments made by service users or their relatives are listed below:

- “The carers are very helpful.”
- “It would a good idea to meet with the manager before the carers start to have an idea
- “It’s reassuring that someone calls each day with me encase I take unwell again.”
- how everything works.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to five service users and issues were noted to care plans and signing of log sheets.

Community professional comments:

- “Staff have a good understanding of my clients”.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of staff, relatives as appropriate and community keyworkers, and progress on improvement matters. The responsible person advised the inspector that they completed a monthly client monitoring visit/telephone call record with service users.

Records reviewed in the agency office confirmed that spot checks of staff practice were carried out within service users’ homes on a regular basis by the registered manager or responsible person. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users’. The staff who spoke to the inspector described effective verbal and written communication systems within the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Staff who spoke to the inspector outlined their understanding of service user’s choice, dignity, and respect.

Review of team meeting records indicated that team meetings took place on a three monthly basis; the staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

The responsible person advised the inspector that as the agency was operational for the past seven months and an annual plan was not yet completed. The inspector reviewed the results of service user questionnaire and found the outcome to be positive. The responsible person

advised the inspector that the agency intends to complete a service users' representative and stakeholder questionnaire in the coming months. The responsible person stated that all results would be part of their annual quality report.

Advocacy service information was available at the agency and in the service user guide for service users to contact if necessary.

The registered manager informed the inspector the desktop computer is available in the agency office for staff to use if required. Policies were also available on file in the agency office.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to reviews, spot checks, communication between service users and agency staff and other key stakeholders.

Of the four responses returned by staff, four indicated they were 'very satisfied' that care was safe. Of one response returned by a visiting professional, one indicated that they were 'satisfied' care was safe.

Areas for improvement

An area for improvement was identified during the inspection in relation to recordkeeping.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Review of records on the day of inspection indicated that service users are fully involved in day to day decisions and routines. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Observation from service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

The majority 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 or phone calls to ensure satisfaction with the care that has been provided by Gosna.

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

- “Very friendly and pleasant.”
- “XXX is a very nice fella.”
- “All very nice.”

Community key professional comments:

- “Staff are very pleasant.”

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.

Of the four responses returned by staff, three indicated they were ‘very satisfied’ that care was safe and one indicated that they were ‘satisfied’ care was safe. Of one response returned by a visiting professional, one indicated that they were ‘satisfied’ care was safe.

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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are maintained on file and accessible to all staff

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 registered 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
- Individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the Trust referral information.

The agency maintains and implements a policy relating to complaints and compliments.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The agency maintains a robust quality monitoring system which provides a thorough standard of monitoring in accordance with RQIA guidance.

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

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

All of the service users and relatives interviewed by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the service or management of the agency were raised during the interviews.

Staff comments:

- “The management listens to us”.

Community keyworker’s comments:

- “The service is well led, any issues I would contact them”.

Areas of good practice

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

Of the four responses returned by staff, three indicated they were ‘very satisfied’ that care was safe and one indicated that they were ‘satisfied’ care was safe. Of one response returned by a visiting professional, one indicated that they were ‘satisfied’ care was safe.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Florence Tanyanyiwa, Responsible Person, 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 13 (d)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff files checked for gaps in employment. We explained to new staff who had gaps in their forms to write explanation about the gaps in their application forms, these are now filed in their individual files.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall-</p> <p>(a) be consistent with any plan for the care of the service user prepared by an Health and Social Services or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Copies of updated bedrail (restrictive practice) assessments carried out by district nurses are now filed in service user's care files in the office and in service user's homes.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 5.6</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All staff retrained on the importance of recording and reporting, and importance of consistently signing in and out according to the reporting and recording company policy. Staff also reminded to write their signature in the evaluation sheets/daily log sheets not christian names only.</p>
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****Please ensure this document is completed in full and returned via Web Portal****



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