

Unannounced Care Inspection Report 21 February 2018



Gosna Care Agency Ltd

Type of Service: Domiciliary Care Agency

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Tel No: 02895 213856

Inspector: Kieran Murray

www.rqia.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 housing support to 29 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 decision associated with their support. 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 21 February 2018 from 10.20 to 17.45 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Evidence of good practice was found in relation to staff induction, care reviews, training and development, safeguarding training and team working.

Areas requiring improvement were identified in relation to monthly monitoring reports, staff recruitment and pre-employment checks, retention of record and recordkeeping.

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	1	4

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 pre-registration care inspection dated 28 July 2016

No further actions were required to be taken following the most recent pre-registration inspection on 28 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:

- pre-registration inspection report
- record of complaints
- record of notifiable incidents
- correspondence with RQIA

Prior to the inspection the User Consultation Officer (UCO) spoke with seven service users and five relatives, either in their own home or by telephone, on 19 February 2018 to obtain their views of the service. The service users interviewed have received assistance with the following:

- management of medication
- personal care
- meals
- exercises

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

During the inspection the inspector met with the responsible person and one staff member.

The following records were examined during the inspection:

- 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

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

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 28 July 2016

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

6.2 Review of areas for improvement from the last care inspection dated 28 July 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

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 appropriate pre-employment checks had not taken place. The inspector noted that staff use their cars for their day to day work, but had not provided the agency with evidence of their business car insurance. An area of improvement has been made in relation to Standard 11 of the Domiciliary Care Agencies Minimum Standards 2011.

The inspector noted that a member of staff's work permit was out of date. The inspector evidenced that this member of staff had not worked for the agency since the expiry of the permit and on the day of the inspection the responsible person contacted the member of staff and was informed that they were currently renewing their permit and they would furnish the registered manager with an updated copy of the permit before taking up the offer of any other shifts. An area of improvement was made 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 three days which is in accordance with the timescales detailed within the regulations. Staff who spoke with the inspector stated that they are required to shadow other staff members during their induction

and that they had received an induction handbook. The inspector spoke to one staff member that 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.

Staff comments:

- 'The induction consisted of face to face training and training vidoes.'

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 responsible person and staff, and reviewed documentation which indicated that the safeguarding training provided by the agency includes the information relating to the regional guidance.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to adult protection 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 pre-registration inspection 28 July 2016. 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.

The inspector noted that the agency had planned to carry out supervisions with all staff in the coming week. The supervisions were planned in accordance with the agency policy. The responsible person advised the inspector that staff have been in employment with the agency since 1 November 2017. Their annual appraisal will be arranged 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 staff files which indicated compliance with regulations and standards.

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 there were no restrictive practices in place on the day of the inspection.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been no incidents reported since the pre-registration inspection on 28 July 2016.

The inspector noted that the agency had received no complaints since the pre-registration inspection 28 July 2016.

The inspector noted that evidence of review of service users' needs took place by the Trust and agency on an annual basis or sooner if required.

The UCO was advised by the service users and relatives interviewed that there were some concerns regarding the safety of care being provided by Gosna Care Agency. One concern

related to new carers not been introduced to the service user by a regular member of staff or manager; this was felt to be important in terms of the service user's security.

Consistency of carers was also raised as a concern as it would enable the carers to become familiar with the care needs of the service user and develop a good relationship. In regards to training, the majority of the people interviewed were satisfied however one service user did raise concerns regarding infection control practices.

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

- "It's hard to get a rapport as the carers change a lot."
- "No one contacts me from the office to see how things are ok."
- "Would prefer a smaller team as they help me with showering."

The inspector discussed this feedback with the responsible person and has been assured that these concerns will be addressed with service users and staff.

Areas of good practice

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

Areas for improvement

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

	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 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 and Service User Guide. The inspector noted the registered manager's details were not recorded properly in the Statement of Purpose. Following the inspection the agency forwarded an updated version of the Statement of Purpose to the inspector which was satisfactory.

The inspector reviewed four service users' files. The inspector noted that the files did not contain service users' care and support plans. An area of improvement has been made in relation to Standard 5 of the Domiciliary Care Agencies Minimum Standards 2011.

The inspector was informed that care and support plans are reviewed three 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 an annual basis or sooner if needed. The inspector examined documentation for both processes and the records were satisfactory.

The agency maintained recording logs in each service user's home file on which care workers recorded their visits. The inspector examined records and found them to be below the minimum standards and agency policy on recordkeeping in relation to colour of ink, legibility of signatures and corrections. An area for improvement has been made in relation to Standard 5 of the Domiciliary Care Agencies Minimum Standards 2011.

As part of the home visits the UCO reviewed the agency's documentation in relation to four service users and issues were noted in regards to the recording in the agency's daily log sheets. The inspector discussed this feedback with the responsible person and has been assured that these concerns will be addressed with service users and staff.

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

Feedback received by the inspector from staff indicated that service users or their relatives: have a genuine influence on the content of their care plans. The inspector evidenced this in records relating to a Trust review.

The UCO was informed that the service users interviewed had not experienced any missed calls, however there were some concerns regarding the carers' timekeeping. Consistency of carers was also felt to be an area that could be improved as it would enable the carers to develop a better relationship with the service users.

A number of issues regarding communication between the service users, relatives and staff from Gosna Care Agency were raised with the UCO. It was felt that it would be useful for the manager to meet with service users and relatives prior to the package commencing. Introductions of new carers to the service users by a regular carer was also felt would be beneficial. A number of service users and relatives advised that communication with some of the carers can be difficult as English is not their first language.

Views of service users and relatives have not been sought to ensure satisfaction with the care that has been provided; however it is acknowledged that the majority have only recently started to receive care from the agency. Examples of some of the comments made by service users or their relatives are listed below:

- "Nothing to complain about."
- "New carers just turn up."
- "They can't usually tell me who is covering my next call."

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. The responsible person advised the inspector that they completed a monthly client monitoring visit/telephone call record with service users. The inspector examined these records and found that they did not meet the standard of monitoring in accordance with RQIA guidance. The inspector made the responsible person aware of the template available on the RQIA website for future monthly monitoring reports. An area for improvement has been made in relation to Standard 8 of the Domiciliary Care Agencies Minimum Standards 2011.

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. The 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 registered person and staff described effective verbal and written communication systems with 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 had taken place. The responsible person and 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 three months and an annual quality report for 2017/2018 was not yet completed. The registered person assured the inspector that this would be completed and available for review at the next inspection.

The inspector viewed a copy of the service user quality assurance questionnaire which was sent to service users. No results were available on the day of the inspection.

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

The responsible person 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.

Areas for improvement

Areas for improvement were identified during the inspection in relation to care and support plans, recordkeeping and monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	3

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.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users.

All of the service users and relatives interviewed by the UCO felt that the carers were polite and treated them with respect. However it was felt that it was difficult to develop a good relationship with the carers due to the lack of consistency and the language barrier between themselves and some of the carers. Care was not felt to be 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 not been sought to ensure satisfaction with the care that has been provided by the agency; however it is acknowledged that the majority have only recently started to receive care from the agency. Examples of some of the comments made by service users or their relatives are listed below:

- "Delighted with it."
- "They're all very polite."
- "Very nice girls."

The inspector discussed this feedback with the responsible person and has been assured that these concerns will be addressed with service users and staff.

The inspector evidenced an email sent to the agency by a Trust professional on behalf of relatives:

'XXX has asked that she pass on how lovely the staff calling have been, especially XXX.'

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified 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 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 the management team.

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; safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team. On the day of the inspection it was noted that all incidents were managed according to policy and procedure.

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 the manager would listen and respond to their concerns.

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

There are effective plans for formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles.

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 quality monitoring system but an area for improvement has been made earlier in the report. Refer to section 6.5 for further detail.

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 service is well led.”
- “The people in charge are very fair and approachable and easy to work with.”

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.

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

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: First time</p> <p>To be completed by: Immediate and on-going</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>Response by registered person detailing the actions taken: Staff are given a recruitment requirement list, which has a list of list of documents accepted before employment. They bring original documents and manager takes a copy and verifies it. A register of staff with work permits is now checked regularly so we can remind staff before the work permits expires. All information regarding references, accessni checks if given during interview. We also keep copy of driver's licence and staff's business insurance if they have. This is kept in individual files.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and on-going</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 • 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>Response by registered person detailing the actions taken: Copies of service user's support plan now maintained in the office, They are also updated as the care plan changes, they are signed and agreed by service users and their representatives. Support plans are</p>

	updated after reviews or if any changes takes place.
Area for improvement 2 Ref: Standard 5.6 Stated: First time To be completed by: 21 March 2018	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.
	Response by registered person detailing the actions taken: All staff retrained on the importance of maintaining good record keeping, how to record, what to record, when to record. Use of black pens and to ensure records are only accessed by the s/users or permotted people. Safe keeping of record in the servicer's house.
Area for improvement 3 Ref: Standard 8.11 Stated: First time To be completed by: Immediate and on-going	The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or registered manager to ensure that the organisation is being managed in accordance with minimum standards.
	Response by registered person detailing the actions taken: Monthly face to face visits have been conducted, met with different service users and families, a proper record of monthly monitoring now kept in the office. Quality improvement also included feedback from social workers regarding their service users. This is now done on monthly basis.
Area for improvement 4 Ref: Standard 11.2 Stated: First time To be completed by: 21 March 2018	Before making an offer of employment: <ul style="list-style-type: none"> • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed
	Response by registered person detailing the actions taken: Record of staff driver's licence and business insurance now in place. Staff not willing to upgrade to business insurance now use company cars.

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



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