

# Unannounced Care Inspection Report 7 June 2019



## North West Care

**Type of Service: Domiciliary Care Agency**

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**Tel No: 02882251101**

**Inspector: Kieran Murray**

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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 538 individuals with care of the elderly, dementia, mental health, physical health and learning disability needs within the Tyrone and Fermanagh areas of the Western Health and Social Care Trust (WHSCT). Service users are supported by 115 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> North West Care  <b>Responsible Individual:</b> Mr Philip Stewart	<b>Registered Manager:</b> Ms Maureen Christodoulou
<b>Person in charge at the time of inspection:</b> Ms Maureen Christodoulou	<b>Date manager registered:</b> 24 July 2018

### 4.0 Inspection summary

An unannounced inspection took place on 7 June 2019 from 09.45 to 16.45.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection sought 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 throughout the inspection in relation to staff training and development, adult safeguarding, involvement of service users, collaborative working and staff registrations with the Northern Ireland Social Care Council (NISCC). The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted the provision of care to the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

It was clear that the agency promotes the service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Maureen Christodoulou, Registered Manager and the Operations Manager, as part of the inspection process and can be found in the main body of the report.

## 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA pre-registration inspection report
- notifications of incidents
- all correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the registered manager, operations manager and five staff.

At the request of the inspector, the registered manager was asked to provide a list of names of service users and service users' representatives. Following the inspection the inspector made telephone contact with one service user and one service users' relative. All responses are reflected in the report.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to in the body of the report.

The registered manager was also asked to distribute 10 questionnaires to service users/relatives. Two responses were received and the outcomes have been reflected in the report.

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.

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 provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

One service user's relative made a comment/suggestion to the inspector in relation to the agency. The inspector spoke to the registered manager on the 13 June 2019 and discussed the feedback received. The registered manager provided assurances that comment/suggestion made would be addressed with the service user's relative.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent pre-registration inspection dated 25 April 2018

The most recent inspection of the agency was an announced pre-registration care inspection. There were no areas for improvement made as a result of the pre-registration care inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The inspector reviewed four personnel records, two of which were recently recruited staff. These records confirmed that the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3.

Discussion with the registered manager confirmed that a record of the induction programme provided to staff is retained; the inspector viewed three individual staff induction records. These evidenced that staff received an induction lasting a minimum of three days which included topics such as manual handling, health and safety, safeguarding the vulnerable adult, whistleblowing, infection prevention control (IPC), fire awareness, Control of Substances Hazardous to Health (COSHH) regulations, food safety, nutrition and hydration, reporting and recording, personal care and pressure care solutions.

On the day of the inspection the inspector spoke to four staff who were undergoing their three day induction programme within the agency. The staff spoke positively about the induction programme.

Discussions with the registered manager and staff on the day of inspection confirmed that the induction process was appropriate and provided them with the knowledge and skills to fulfil the requirements of their job role. Staff comments included: "I got shadowing shifts with experienced staff" and other staff stated "we are getting to shadow before taking up my job." This practice supports service users to receive a service in which their dignity has been respected i.e. through introductions to new workers prior to service delivery.

The inspector reviewed the agency's training plans which indicated compliance with the Regulations and Minimum Standards and that staff had appropriate training to fulfil the duties of their role. There was evidence that staff have attended training additional to that outlined within the Minimum Standards such as Stoma care, Mental Capacity Act, Final Journey, Dementia Awareness and Challenging Behaviour training.

One staff member commented: "Training prepared me to meet service users' needs." It was good to note that staff provided positive feedback in regard to the agency's induction and training programme. The development of a learning culture in the agency which promotes good practice will contribute to better quality of care and improved outcomes for service users.

The inspector was advised by all those service users and relatives consulted with, that they had no concerns regarding the safety of care being provided by the agency.

No issues regarding the carers' training were raised with the inspector by the service users or relatives; examples of care given included manual handling, stoma care and working with someone with dementia. All of the service users and relatives consulted with 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 and/or their relatives are listed below:

- "Care is carried out in a timely manner."
- "The staff are fine, solid people."
- "You would think the staff were handpicked."

Discussions with the registered manager established that since the last inspection there were times that the agency had experienced difficulty ensuring that there was an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. During this time period, the registered manager advised the inspector that vacant shifts were covered by the agency's domiciliary care workers and management team. Rotas viewed by the inspector confirmed that staffing levels were currently adequate to meet the needs of service users and the agency.

Discussion with staff on the day of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans. A review of a sample of rotas evidenced that they were effectively organised with individual times being allocated to service users. The rota information evidenced that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users' experience of a dignified service.

The inspector reviewed reporting and management of incidents occurring within the service. The registered manager maintained a record of all incidents and accidents which had been audited on a monthly basis by the responsible person. A review of a sample of records evidenced that, appropriate management of incidents and follow up actions, including liaison with service users' relatives and the WHSCT representatives was undertaken. Staff spoken with on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk the ability to balance risk with the wishes and human rights of individual service user and the importance of reporting any issues to their line manager/registered manager in a timely manner. Staff commented: "Our concerns would be listened to by management."



Discussions with the registered manager and a review of the agency's safeguarding policy established that the agency have embedded the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 into practice. The registered manager demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. The agency had an Adult Safeguarding Champion (ASC) identified. There had been a number of adult safeguarding referrals made since the last care inspection. Discussions with staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and taking appropriate and timely action when service user's rights are at risk of being breached and maintaining safeguarding records.

The inspector noted that staff had completed adult safeguarding and child protection training.

Staff demonstrated knowledge of how to escalate any concerns with respect to service users' wellbeing. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns about poor practice, and were confident of an appropriate management response. Discussions with staff evidenced that they were empowered to speak up about poor care through the management arrangements.

It was positive to note that the agency had completed adult safeguarding position reports.

Staff presented as knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and wishes are taken into account. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Of two questionnaire responses received from service users, both indicated that they were 'very satisfied' that care was safe.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.4 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 assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency's Statement of Purpose (2018) and Service User Guide (2018). The inspector advised the registered to amend telephone contact details for RQIA in both documents. This will be followed up at the next care inspection.

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with data protection requirements and the records were organised and clearly indexed.

On the day of inspection the inspector reviewed four service users' Home Information Booklets (HIB's). The agency provides care as commissioned by the relevant WHSCT which is agreed in consultation with the service user and/or their representatives. Service users' records viewed on the day of inspection included referral information and typically included relevant assessments and risk assessments, as necessary. The registered manager confirmed that during an introductory visit, service users are provided with a service user guide; agency staff discuss the referral for commissioned services and the care plan which details hours/time and details of care and service to be provided, is agreed. In addition, a risk assessment and risk assessment summary is completed by agency staff. The documentation evidenced a transparency between the agency and service users/relatives regarding any assessed care/support needs and expectations. Service users were enabled to exercise the maximum amount of choice and control as possible in the care planning in their commissioned individual care arrangements with the agency.

The registered manager and staff spoke confidently regarding positive risk taking and the benefits this can have on service user's self-esteem and emotional wellbeing and the appropriateness of liaising with the multi-disciplinary team to ensure that service users had access to the relevant information and support to make informed decisions.

Staff described the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice. The inspector noted that a number of restrictive practices were in place. It was noted that that a number of restrictive practices had not been appropriately assessed, namely bed rail assessments. Following the inspection the registered manager forwarded to RQIA the updated assessments which were reviewed by the inspector and found to be satisfactory.

The inspector discussed the potential human rights implications of the restrictive practices being implemented and the registered manager welcomed advice given and undertook to ensure that human rights considerations would be documented alongside each restrictive practice.

The registered manager spoke confidently about managing risks to service users' wellbeing while maintaining their human rights and that any intervention is the least restrictive possible.

The inspector was informed by the majority of the service users and relatives consulted with they had in general no concerns regarding carers' timekeeping. However, some service users and relatives informed the inspector that late calls had taken place but that the carers had



telephoned to explain why this had happened. Care provided was not felt to be rushed. Examples of some of the comments made by service users or their relatives are listed below:

- “Management did visit here at start of service”
- “The time of call suits XXX and the family.”
- “I can’t fault the service.”

The agency with consent from service users operate a Quick Response (QR) scan in and out system in each service user’s home. This enables the agency to monitor compliance with calls.

It was noted within service users’ HIB’s that the agency completed monthly monitoring visits. The records evidenced no concerns expressed by the service users during the monitoring visits. These visits identified that service users are valued as individuals and are listened to and what is important to them is viewed as important by the agency. The registered manager advised the inspector that agency staff are not always invited to WHSCT care reviews and if they are invited they do not typically receive a copy of the minutes of the review. It was agreed with the registered manager that the agency will request a copy of future WHSCT reviews they attend, as appropriate and ensure that the agency maintain a record of the review meeting, including any agreed outcomes and actions required.

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The registered manager and staff described effective communication systems in use within the staff team to ensure that staff received information relevant to the care and support of service users. Staff consulted with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans. Staff confirmed they had effective access to the management team via telephone including out of hours support. Staff commented: “The office has an open door policy” and “We get text messages to work phones.”

No issues regarding communication between the service users, relatives and staff from the agency were raised with the inspector. Some of the service users and relatives advised that home visits or phone calls have taken place, or they have received a questionnaire from the agency, to obtain their views of the service.

The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users.

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

- “More consistency with carers would be good when regular carers go on annual leave.”

Of two questionnaire responses received from service users, both indicated that they were ‘very satisfied’ that care was effective.

### **Areas of good practice**

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

## Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussions with the registered manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. Staff comments included: "We give full respect." "We respect their choice and Human Rights." Discussions with staff recognised that giving and obtaining consent is a process, not a one off event. Staff identified the need to continually communicate with service users and staff were respectful of the fact they were working in a service users' homes.

Staff spoke knowledgably about the importance placed on recognising the individual needs of service users and how best to support each service user taking into account individual preferences. Staff commented: "I promote and encourage service users to be independent."

Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality was maintained and consent obtained at all times. Staff acknowledged that service users require varying degrees of support with their care needs, they described how independence is promoted but when assistance is required this support is provided discreetly.

All of the service users consulted with by the inspector felt that care was compassionate. The service users and relatives advised that in general carers treat them with dignity and respect. Service users, as appropriate, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought by the service through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by agency. Examples of some of the comments made by service users or their relatives are listed below:

- "Everything is very good."
- "Couldn't ask for better staff."

The inspector reviewed the agency's governance arrangements for quality assuring the care provided to service users. The registered manager advised that the staff receive monthly monitoring visits to monitor and review care practices. A record is maintained of the monthly monitoring visit in the agency.

It was positive to note that during monitoring visits by the agency to service users, in order to review the quality of service provision, they also reviewed the level of satisfaction with how staff communicate with service users, maintain confidentiality and treat service users with dignity and respect. This will promote the principle of partnership with the care staff and service user and emphasises the value placed on service users by the agency.

Upon commencement of a care package, service users are provided with a copy of the agency's Service User Guide which informs service users' of the standards and core values required to be maintained by care staff and highlights how service users can raise a concern or complaint if necessary, regarding the quality of care. The Service User Guide provides the service user with details of advocacy groups including the Patient Client Council, the Northern Ireland Public Service Ombudsman (NIPSO) and RQIA.

Of two questionnaire responses received from service users, both indicated that they were 'very satisfied' that care was compassionate.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the agency's ethos of encouraging feedback from service users.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 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 inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The current registration certificate was up to date and displayed appropriately. Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure. In addition, discussion with the registered manager confirmed that they had a good understanding of their role and responsibilities under the legislation. Feedback from staff evidenced that the registered manager fulfils their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. There was clear leadership provided by the registered manager and responsible person which resulted in a shared team culture, the focus of which was how they could do things better for service users.

**Staff comments:**

- “Communication is a two way process.”

All of the service users and relatives consulted with by the inspector confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the discussions. This evidenced that service users have access to clear and fair processes for getting their views heard and to raise and resolve concerns or complaints.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

As part of the agency’s review of compliance with the new General Data Protection Regulation (GDPR) The registered manager advised that staff training had been completed with regards to the GDPR to help them understand and be aware of recent changes in this area. Review of training records by the inspector confirmed this.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff. A review of a sample of policies and procedures evidenced that they had been updated within required timescales. The agency’s confidentiality policy had been updated to reflect the new GDPR requirements and took account of service users’ human rights. The complaints policy/procedure was noted to clearly define the agency’s complaints process and provided details of external organisations which the complainant could contact if they remained dissatisfied with the agency’s complaints process. Policies were maintained in a manner that was easily accessible by staff in the office and on their work phones.

The agency maintained a complaints and compliments record, which was audited on a weekly basis. The registered manager demonstrated good awareness of the agency’s complaints procedure. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure management were made aware of any complaints. A review of the agency’s complaints records since the last inspection evidenced that the agency had received one complaint which was managed appropriately in conjunction with the WHSCT. A number of local concerns such as missed calls, near misses and accidents had had been managed appropriately through the quality monitoring visits and weekly area review meeting document.

It was positive to note that the agency had recently introduced a new weekly area review meeting document which is completed by the registered manager and submitted to the operations manager. This document covered areas such as staffing issues, recruitment, absences, supervision, appraisals, missed calls, complaints and incidents, together with an action plan which followed up on actions identified in the previous weeks.

It was positive to note that the agency had received a number of compliments via cards from relatives e.g. “Thank you to all the staff of NWC for your compassionate care of my XXXX while providing a night call to make her comfortable over the last few years.” “Much appreciated.”

The registered manager and responsible person evidenced a commitment to driving improvement in the service through provision of a consistent staff group to support service users. The registered manager described the importance placed on supporting and valuing staff to develop and improve skills and knowledge basis. A new electronic monitoring call system has been introduced in the agency which will record contemporaneously when care staff enter and leave a service user's home.

Discussion with the registered manager confirmed that staff meetings are planned on a monthly basis. In addition to information sharing at staff meetings, the agency are using a monthly staff newsletter and a six monthly newsletter to service users to share relevant information with regards to promoting learning and advising of any pertinent developments.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are monitored by the registered manager. The registered manager advised that staff were aware that any lapse in their registration would result in the staff member being unable to work within the agency until their registration was suitably updated. The registered manager confirmed that all staff are currently registered or in the process of registering within expected timescales.

There are robust, transparent systems in place to assess the quality of the service in relation to outcomes for people which includes feedback from people using the service and their representatives.

The inspector confirmed that monthly quality monitoring visit reports were available for review from the last care inspection up to May 2019. Samples of reports evidenced consultation with service users, relatives, agency staff and HSCCT representatives. The records demonstrated a quality improvement focus and a monthly audit of the conduct of the agency, including an action plan agreed with timescales for completion.

The inspector noted and examined the following surveys/audits carried out by North West Care, Service User Questionnaires 2017/2018, Staff Satisfaction Questionnaires with positive results. The registered manager shared the annual quality report 2018 which was still in the process of being finalised. This can be reviewed at the next inspection. The operations manager informed the inspector that the Staff Satisfaction survey would be available for staff to complete in either paper or survey monkey format next year.

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 advised that to date, the agency has not provided access to specific equality and diversity training. However, the importance of this was interwoven within all training and the supervision process. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data provided is used effectively and with individual service user involvement to provide person centred care.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- disability awareness

The inspector discussed the recent changes the Northern Ireland Ambulance service (NIAS) had made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

Of two questionnaire responses received from service users, both indicated that they were 'very satisfied' that the service was well led.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and the management of complaints.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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