



The Regulation and
Quality Improvement
Authority

Aisling Better Care
RQIA ID: 10715
Unit 24, Glenwood Business Centre
Pembroke Loop Road
Dunmurry
BT17 0QL

Inspector: Michele Kelly
Inspection ID: IN021741

Tel: 028 9060 1504
Email: aisling.better.care@talktalk.net

**Unannounced Care Inspection
of
Aisling Better Care**

26 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 26 January 2016 from 09.00 to 15.00 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6

The details of the QIP within this report were discussed with the registered person, Christopher McNeill as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Aisling Better Care/Christopher McNeill	Registered Manager: Christopher McNeill
Person in Charge of the Agency at the Time of Inspection: Christopher Mc Neill	Date Manager Registered: 15 October 2008
Number of Service Users in Receipt of a Service on the Day of Inspection: 34	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events.

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Consultation with five care workers
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Four service user records in respect of the agency quality monitoring
- Daily log records
- Three staff quality monitoring records
- Complaints log
- Monthly monitoring reports for September, November and December 2015
- One missed call record and follow up actions
- Four communication records with trust professionals.

Following the inspection the inspector spoke with two service users' relatives and three services user by telephone on 29 January 2016, to obtain their views of the service. Their opinions are reflected within the report. On the day of inspection the inspector met with five care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report.

Ten staff questionnaires were sent to the service following the inspection. The manager was asked to forward these to a random sample of care staff, to find out their views regarding the service. It is disappointing that no questionnaires were returned prior to the report being issued.

5. The Inspection

Aisling Better Care service is a private domiciliary care agency, established in 2009 to provide care and support to people in their own homes. The agency office is based at Unit 24, Glenwood Business Centre, Pembroke Loop Road, Dunmurry, Belfast and provides a domiciliary care service to people in the Glenavy, Ballinderry, Moira and rural Lisburn areas. Their commissioning Trusts are currently South Eastern HSC Trust and Northern HSC Trust.

Under the direction of the manager Mr Christopher McNeill, a staff of 17 provides assistance with activities of daily living to 34 frail older people, those with a physical disability and those with dementia in their own homes.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 30 June 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 5	The registered manager is required to update their Statement of Purpose to include their revised complaints procedure. (Restated from 29 April 2013)	Met
	Action taken as confirmed during the inspection: The inspector viewed the Statement of Purpose which had been updated in June 2014 with the revised complaints procedure.	
Requirement 2 Ref: Regulation 6	The registered manager is required to update the service user guide with the revised complaints procedure and provide all service users with the updated information. (Restated from 29 April 2013)	Met
	Action taken as confirmed during the inspection: The inspector viewed the service user guide which has been updated with the revised complaints procedure.	
Requirement 3 Ref: Regulation 22	The registered manager is required to update their complaints procedure to include the role of RQIA in relation to unresolved complaints and the contact details of independent advocacy services to be corrected. (Restated from 29 April 2013)	Met
	Action taken as confirmed during the inspection: The revised complaints procedure includes the role of RQIA in relation to unresolved complaints and the contact details of independent advocacy services has been amended.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 12.8	The registered manager is recommended to develop a central staff training plan listing all staff, the mandatory training subject areas and the related timescales for completion. (Restated from 29 April 2013)	Met
	Action taken as confirmed during the inspection: On the day of inspection the training plan was not accessible but subsequent to the inspection the manager emailed a training plan which lists the mandatory training subject areas and the related time scales for completion.	
Recommendation 2 Ref: Standard 5.6	The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily log records.	Met
	Action taken as confirmed during the inspection: The inspector viewed four service user files which contained accurate up to date and signed for entries within daily logs.	
Recommendation 3 Ref: Standard 5.2	The registered manager is recommended to ensure individual care plans and risk assessments include specific management plans relating to the area of restraint.	Met
	Action taken as confirmed during the inspection: The inspector viewed care plans which include a section indicating a discussion has taken place with the service user and or representative and a management plan agreed in respect of the use of measures which may be considered restraint.	

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users and/or representative's views had been obtained and incorporated. The documentation relating to four service users were reviewed by the inspector during the inspection. The files reviewed contained the agency's log books which were appropriately completed by care staff.

Two service users' and one representative spoken to by the inspector confirmed they are included in decision making regarding their care plan, both at service commencement or when changes occur. Two service users' representatives were able to confirm staff were observed while delivering care and support. Management visits to the homes of service users are taking place on a regular basis to discuss their care.

No staff practise issues were identified during the spot checks records which the inspector viewed in three staff files.

The service users' representatives spoken to by the inspector confirmed new carers were 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 the carer's knowledge of the required care.

Feedback from five staff on the inspection day indicated staff felt care delivery was safe. The staff who participated in the inspection confirmed they had received observation of practice by managers from the agency. They provided examples to demonstrate how they promote service user independence and choice. Staff discussed how processes such as daily contact with their line managers ensure ongoing changes to service user's needs are communicated.

Is Care Effective?

The inspector was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise. Review of one complaint record supported an appropriate procedure for complaints review and resolution.

The inspector viewed the complaints log which was not updated to include all complaints which had been notified to the agency. A recommendation is made in respect of this.

The majority of the people interviewed were unable to confirm that they had received a questionnaire from the agency to obtain their views of the service. The inspector was advised that questionnaires are sent out annually by the agency to obtain the views of the service from service users or their representatives. The inspector was advised that due to staffing problems questionnaires normally sent to service users and their representatives in November and December were not sent in 2015 but the manager explained they would be issued in the next few weeks.

The inspector was advised that senior staff have a responsibility for supervision but no evidence of training in supervision was available in files examined and therefore a recommendation is made. The inspector also noted that appraisal was out of date for two staff and a recommendation is made.

The manager confirmed that staff training in respect of First aid had not been delivered. However the manager also stated this would be scheduled in the coming months and a recommendation has been made in respect of this.

Is Care Compassionate?

The relatives and service users who were contacted by telephone by the inspector raised no concerns regarding the quality of care provided by the agency.

No problems were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- “The girls are very well presented when they attend the house”
- “It is a good service they pick up signs if you are not well”
- “I have no reason to complain they are exceptionally nice people”
- “I call them my friends”.

Service users or their relatives informed the inspector that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included working with service users recovering from stroke.

Areas for Improvement

The registered person/manager is recommended to ensure all complaints records are available for inspection review at all times

It is recommended that staff who have responsibility for supervising other staff should receive training in supervision

It is recommended that staff have recorded annual appraisal

The agency is recommended to ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.

Number of Requirements:	0	Number of Recommendations:	4
--------------------------------	----------	-----------------------------------	----------

5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and late calls.

The agency has a procedure for management of missed calls and the inspector was shown a record of a missed call which was recorded as an incident. The manager confirmed in the last eight years this had been the only missed call and was due to inclement weather which made travel impossible.

The process of induction was outlined by a senior carer who discussed how new staff shadow more experienced carers for at least five shifts, however the inspector requested to view records of induction for an employee who had recently completed the process and these were not available in the agency office. A recommendation is made in respect of this.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being briefly reviewed. However the registered person who is also the registered manager completes these reports. He discussed difficulties in delegating this responsibility to a person who does not have day to day responsibility for the service and was advised that in the interests of the robustness and objectivity of the monitoring reports he should identify an individual to complete reports on his behalf. Reports examined did summarise views of service users and /or their representatives, however there was no report available for October 2015. Some reports did not identify actions to be taken to ensure the organisation is being managed in accordance with minimum standards therefore a recommendation is made.

Is Care Effective?

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting where calls are running late or may be missed. They discussed communicating such matters with service users and with the office management.

The manager discussed how carers work in teams within localities. The inspector was informed that staff meetings take place in a venue central to where the majority of care workers live and was shown agendas for meetings held in November 2014 and May 2015. Staff interviewed on the day of inspection confirmed that they felt supported by management staff and demonstrated a clear understanding of their reporting processes if running late for the next service user visits or missing a call. The inspector was informed about out of hours on-call arrangements and staff confirmed that they were satisfied with these arrangements.

Is Care Compassionate?

The inspector was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced missed calls from the agency.

As previously detailed under theme one of this report, the service users' and their representatives spoken with by the inspector highlighted service quality in general to be good with appropriately trained and skilled staff who delivered compassionate care. Five staff members spoken to on the day of inspection emphasised the importance of dignity and respect when working with service users.

Areas for Improvement

The registered person/manager is recommended to ensure that appropriate records are maintained to confirm completion of the process of induction for each staff member. Monthly monitoring reports should be completed by an individual without day to day responsibility for managing the service and should identify actions being taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.

Number of Requirements:	0	Number of Recommendations:	2
--------------------------------	----------	-----------------------------------	----------

5.3 Additional Areas Examined

5.3.1. Staff records

The inspector viewed three staff files and noted that one file did not have a reference from the most recent employer. A requirement is made to ensure that the agency has full and satisfactory information in respect of each of the matters specified in Schedule 3.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Christopher McNeill as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 13</p> <p>Stated: First 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 in respect of each of the matters specified in Schedule 3.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>There are issues where a prospective employee has not been employed immediately prior to their application with Aisling Better Care. some individuals may not have been employed for several years, if at all, prior to applying for a post. From the date of inspection, our modified processes do include seeking reference from a previous employer irrespective of length of time since previous employment, and where this proves difficult, further references are sought from an individual with independent experience of the candidate. this was introduced immediately following the inspection.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 15.10</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>Records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the actions taken.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>steps have been taken to ensure that the complaints log is kept up to date with all documentation being held seperately. a log will be included with the documentation to show progress and resolution.</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p> <p>To be Completed by: 12 March 2016</p>	<p>A record is kept in the agency for each member of staff of all training including induction, and professional development activities undertaken by staff.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>each individual will have a separate record within their personal file. a central log is kept of annual training and update requirements.</p>
<p>Recommendation 3</p>	<p>Supervisory staff are trained in supervision and performance appraisal.</p>

<p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be Completed by: 26 April 2016</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: Suitable training has been identified and all senior staff will undertake this training by 26 May. this delay is to allow for scheduling and leave requirements.</p>
---	--

<p>Recommendation 4</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p> <p>To be Completed by: 26 May 2016</p>	<p>Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Annual appraisal forms have been sent to all staff, and we are in the process of arranging individual interviews. this will be completed by the 29th April.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be Completed by: 26 March 2015</p>	<p>Monthly monitoring reports detail actions taken by the registered person or registered manager to ensure the organisation is being managed in accordance with minimum standards.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The comments made by the inspector are noted, monthly reports will in future detail any actions required to ensure the organisation is working within the minimum standards. we are talking to a neighbouring agency to examine the possibility of an independent and external monthly audit/inspection of the service.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 26 May 2016</p>	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: we currently have all staff up to date with mandatory training, with the exception of 4 staff who require First Aid training and 4 staff who require training in supervisory skills. as other staff members now require FA updates we are currently organising a programme to retrain all staff in emergency First Aid. this will be completed by 26th May. as previously stated, supervisory training will be completed by the same date.</p>		
<p>Registered Manager Completing QIP</p>	<p>Chris McNeill</p>	<p>Date Completed</p>	<p>22.03.16</p>
<p>Registered Person Approving QIP</p>	<p>Chris McNeill</p>	<p>Date Approved</p>	<p>22.03.16</p>
<p>RQIA Inspector Assessing Response</p>	<p>Michele Kelly</p>	<p>Date Approved</p>	<p>23.03.16</p>

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