

# Announced Care Inspection Report 3 August 2017



## Aisling Better Care

**Type of service: Domiciliary Care Agency**  
**Address: Glenwood Business Centre, 24 Springbank Place,  
Dunmurry, BT17 0YU**  
**Tel no: 028 9060 1504**  
**Inspector: Michele Kelly**  
**User Consultation Officer (UCO): Clair McConnell**

[www.rqia.org.uk](http://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

Aisling Better Care is a domiciliary care agency based in Dunmurry. The agency provides care and support to 27 individuals living in their own homes who have their services commissioned by the South Eastern Health and Social Care Trust (SEHSCT). Services provided include personal care, medication support and meal provision.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Christopher McNeill	<b>Registered manager:</b> Christopher McNeill
<b>Person in charge of the service at the time of inspection:</b> Christopher McNeill	<b>Date manager registered:</b> 15 October 2008

### 4.0 Inspection summary

An announced inspection of Aisling Better Care took place on 3 August 2017 from 10:15 to 14.30 hours.

The inspection sought to assess progress with any issues raised during and since the last inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

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 the agency's attention to detail within care plans.

There are areas for improvement identified during this inspection and these include arrangements for the storage of archived records and inclusion of stakeholder views as part of monthly monitoring and the annual report.

Service users said the agency staff was very good and approachable and staff spoken with during inspection provided positive feedback in terms of their work within the agency.

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>	1	2

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 21 December 2016

In accordance with RQIA's enforcement procedures, the registered person attended a meeting at RQIA offices on 21 December 2016 to discuss serious concerns in relation to non-compliance with Regulation 13, Schedule 3 of the Domiciliary Care Regulations (Northern Ireland) 2007. The registered person undertook remedial actions in relation to some areas and provided more evidence of compliance within a time frame specified by RQIA.

## 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
- Record of notifiable events
- Record of a complaint notified to the agency.

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

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

The registered manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. The inspector contacted the registered manager to enquire if any questionnaires had been completed; at the time of writing this report no staff questionnaires had been returned to RQIA.

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and seven relatives, by telephone, on 12 April 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals.

The following records were examined during the inspection:

- Two staff members' induction records
- Two staff members' quality monitoring, supervision and appraisal records
- Three staff members' training records
- Adult safeguarding policy and procedure
- Recruitment policy
- Record keeping policy
- Whistleblowing policy

- Four service user records regarding referral, assessment and care plan information, service user guide and agreement information
- Four service users' records regarding review and quality monitoring
- The agency's statement of purpose
- Agency process for verifying staff NISCC registration
- Three monthly monitoring reports
- A range of communication records with trust professionals
- Complaints policy and procedure
- Incident records
- Staff handbook.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 06/12/2016

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

### 6.2 Review of areas for improvement from the last care inspection dated 06/12/2016

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation13</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that no domiciliary care worked 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>This regulation is stated particularly but not exclusively in respect of:</p> <ul style="list-style-type: none"> <li>• The registered person/manager must obtain two written references;</li> <li>• The registered person/manager must keep appropriately detailed records in staff files in relation to the process of attempting to obtain references.</li> </ul>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed four personnel files and confirmed that full and satisfactory information in respect of the matters specified in Schedule 3 had been obtained prior to commencement of employment.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16 (2)(a)</p> <p><b>Stated:</b> First time. This area for improvement was stated in the previous quality improvement plan as standards 13.1, 13.5 and 12.4.</p>	<p>2) The registered person shall ensure that each employee of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform</p> <p>This regulation is stated particularly but not exclusively in respect of:</p> <ol style="list-style-type: none"> <li>1. Supervisory training for all staff undertaking supervision activity, including supervisory practice assessments. <b>Guidance must be provided immediately; with follow up training to be provided by 6 March 2017.</b></li> <li>2. All staff must receive appraisal to review their performance against their job description and agree personal development plans.</li> <li>3. All staff must receive training appropriate to the work they are to perform. This refers particularly, but not exclusively, to first aid training.</li> </ol> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed evidence of staff attendance at mandatory training including first aid training and confirmed that supervisory training for senior staff had been provided.</p>	<p><b>Met</b></p>

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The 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 Aisling Better Care. New carers had been

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 given included manual handling, use of equipment and management of medication. All of 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:

- "Delighted with them"
- "Couldn't do without them"
- "Couldn't fault them."

The inspector reviewed policies and procedures relating to staff recruitment; these policies were up to date and in accordance with related regulations and standards. The 'Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) policy of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'.

Four employee personnel files were reviewed relating to staff recruitment. The information reviewed within this sample indicated that these domiciliary care workers had been employed following appropriate recruitment practices.

An induction programme had been completed with each staff member and modules covered incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Review of four staff files supported a three day induction process in accordance with Regulation 16(5) (a). Staff spoken with during inspection confirmed they had received a three day induction and where necessary extra shadowing days are available when staff or management believe they require additional time. The agency's registered manager confirmed that staff are registered or are registering with NISCC.

Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing. A safeguarding champion has been identified within the agency.

Staff training records viewed confirmed all care staff had completed the required mandatory update training programme. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Records reviewed for three staff members evidenced mandatory training, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

The inspector observed the records management arrangements within the agency and concluded that appropriate storage and data protection measures were not being maintained in respect of archived records. The door to this storage cupboard did not have a lock and the inspector was concerned about security. The registered manager agreed to ensure a lock was fitted at the earliest opportunity and that the outside entrance to the agency office was always locked during working hours until this lock is fitted.

### **Areas for improvement**

One area for improvement had been identified and involves ensuring all records are kept in a secure manner.



	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.5 Is care effective?

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

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping; however one service user and one relative felt that care can be rushed on occasion. The service user and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

One issue regarding communication between a service user, relatives and staff from Aisling Better Care was raised with the UCO. The service user and relatives advised the UCO that home visits and phone calls have taken place to ensure satisfaction with the service. One relative also confirmed that they had received a questionnaire from the agency. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place. Examples of some of the comments made by service users or their relatives are listed below:

- "We did make a complaint but were happy as to how it was handled"
- "Never had an issue"
- "Really pleased with them."

Service user records viewed on the day of inspection included referral information received from the HSC Trusts. The referrals detailed the services being commissioned and relevant risk assessments. The agency's care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated. These care plans were detailed and person centred.

A sample of four service user files contained evidence of communications between the agency and trust key workers. There was evidence of review of records following changes in need and the subsequent updating of care plans. The inspector also viewed evidence of quality monitoring with regular home visits and staff spot checks.

Staff interviewed 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 interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior or manager if any changes to service users' needs were identified. Staff also demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

#### Areas of good practice

There were examples of good practice found in relation to care plans which were detailed and person centred.

#### Areas for improvement

No areas for improvement were identified during the inspection.



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

### 6.6 Is care compassionate?

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

All of the 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; however one service user and one relative felt that care can be rushed on occasions. Service users, as far as possible, are given their choice with regard to meals and personal care.

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

- “Look after my XXX well”
- “XXX enjoys the chat with them”
- “Very friendly. We have some good craic”
- “We were anxious at the start but the girls put us at ease.”

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff members commenting about visiting service users in their own homes commented:

- “It is great to leave knowing you have left people happy and more comfortable”
- “I talk the whole time, but it is not about us it is about them.”

Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy and discussed the importance of this in the community in which they worked.

Observation of staff practice in service users’ homes had been carried out on a regular basis and no shortcomings had been identified.

## 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. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 majority of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One relative advised that a complaint had been made regarding one carer and that they were satisfied of the outcome.

No concerns regarding the management of the agency were raised during the interviews. The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Christopher McNeill, the agency provides domiciliary care to 27 service users living in their own homes.

Review of the Statement of Purpose and discussion with the registered manager, and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and were clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service Users Guide detailed the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations. The agency's complaints information viewed within the service user guide was also found to be appropriately detailed, including the contact information of independent advocacy services.

The arrangement for policies and procedures to be reviewed at least every three years was found to have been implemented. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures.

The complaints log was viewed for 2016-2017 to date and the inspector was satisfied that these had been handled appropriately. The inspector reviewed the monthly monitoring reports for May, June, July 2017. The reports evidenced that the registered person monitors the quality of service provided but does not include the views of professional representatives. The annual report for 2016 was viewed by the inspector; this included results of the service user survey but did not include the views of other stakeholders. There was some evidence that staff meetings had taken

place but discussions were not recorded; the registered manager advised that the minutes of future meetings would be recorded.

Email communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users' needs. The inspector spoke to a HSC Trust professional following the inspection who confirmed that the registered manager acts quickly when matters concerning service users are brought to his attention. This professional suggested that communications would improve if there was a more visible staff presence in the agency during office hours. This matter had been discussed during inspection and the registered manager confirmed that a member of staff was now present in the office each morning Monday to Friday.

Two support staff spoken with indicated that they felt supported by their manager and senior staff; they described them as always available with an open door policy. Staff confirmed they are always communicated with regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Discussion with the registered person/manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately

### Areas for improvement

Areas for improvement were identified during the inspection in respect of the agency's annual quality review report which should be expanded to include feedback from staff and commissioners of their service. Views from professional representatives should also be included as part of monthly monitoring.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Christopher McNeill, registered person and registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref: Regulation 21 (1) (a)</b>  <b>Stated: First time</b>  <b>To be completed by: Immediate and ongoing</b>	<p>The registered person shall ensure that the records specified in Schedule 4 are kept in a secure manner.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Padlock was fitted to door in question within a week of Inspection.</p>
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b>  <b>Ref: Standard 8.11</b>  <b>Stated: First time</b>  <b>To be completed by: 3 September 2017</b>	<p>The registered person/manager shall summarise in the monthly monitoring report, any views of service user's representatives ascertained about the quality of services provided.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>            I now routinely ask the Care Management team for input and feedback when completing the monthly reports.</p>
<b>Area for improvement 2</b>  <b>Ref: Standard 8.12</b>  <b>Stated: First time</b>  <b>To be completed by: February 2018</b>	<p>The registered person/manager shall expand their annual quality review process to include staff and service commissioners' views.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>            Points are noted and will be addressed in the next annual report.</p>

*\*Please ensure this document is completed in full and returned to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) from the authorised email address\**



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care