

# Unannounced Care Inspection Report 24 April 2018



## Aisling Better Care

**Type of Service: Domiciliary Care Agency**  
**Address: Glenwood Business Centre, 24 Springbank Place,  
Dunmurry, BT17 0YU**  
**Tel No: 02890601504**  
**Inspector: Aveen Donnelly**

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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 24 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>Organisation/Registered Provider:</b> Aisling Better Care  <b>Responsible Individual:</b> Christopher McNeill	<b>Registered Manager:</b> Christopher McNeill
<b>Person in charge at the time of inspection:</b> Christopher McNeill	<b>Date manager registered:</b> 15 October 2008

### 4.0 Inspection summary

An unannounced inspection took place on 24 April 2018 from 11.00 to 16.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. Care records were generally well maintained. Communication between service users, agency staff and other key stakeholders was well maintained. The culture and ethos of care in the agency, promoted treating service users with dignity and respect, where service users and their representatives were listened to and valued. There were good management arrangements in place in relation to the day to day delivery of care.

One area for improvement previously stated was not met and has been stated for the second time. Another area for improvement previously stated was not met and has now been made as an area for improvement under the regulations.

The staff members and Health and Social Care (HSC) representatives spoken with during inspection provided positive feedback in terms of the performance of 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	1

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

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 3 August 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 03 August 2017.

#### **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 reports
- all correspondence received by RQIA since the previous inspection.

The following records were examined during the inspection:

- three staff recruitment records
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three service user records regarding review, assessment, care planning and quality monitoring
- daily logs returned from the service users' homes
- RQIA registration certificate
- a selection of policies and procedures
- complaints and compliments records
- service user guide/agreements
- statement of purpose
- monthly quality monitoring reports.

During the inspection, the inspector spoke with two Health and Social Care (HSC) representatives, the manager, five staff members, two service users and seven service users' representatives.

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 provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff feedback was returned.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 3 August 2017**

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

The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

**6.2 Review of areas for improvement from the last care inspection dated 3 August 2017**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21 (1) (a) <b>Stated:</b> First time	The registered person shall ensure that the records specified in Schedule 4 are kept in a secure manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that archived records were stored in a locked room.	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.11 <b>Stated:</b> First time	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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Monthly monitoring reports had not been completed from November 2017. This has now been stated as an area for improvement under the regulations. Refer to section 6.7 for further details.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 8.12 <b>Stated:</b> First time	The registered person/manager shall expand their annual quality review process to include staff and service commissioners' views.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector was unable to validate that this had been done. This has been stated as an area for improvement for the second time. Refer to section 6.7 for further details.	

### 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 agency's registered premises are located at 24 Springbank Place, Dunmurry and were suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of four senior carers and a team of carers. The agency's staffing arrangements were discussed and the inspector was advised that there were sufficient staff employed, to meet the current level of care provision. No concerns were raised in relation to the staffing provision.

Three recruitment records were reviewed, relating to recently appointed staff, which confirmed that pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3.

There was a system in place to monitor the registration status of staff in accordance with NISCC. The manager discussed the system in place to identify when staff were due to renew their registration.

A review of records confirmed that all staff, had received a structured induction programme in line with the timescales outlined within the regulations.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. Staff consulted with confirmed that this included mentoring through formal supervision meetings, observation of practice and completion of annual appraisals.

A review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date.

Discussion with the manager and documentation viewed indicated that the agency had made no referrals in relation to adult protection matters from the previous inspection.



The staff spoken with were knowledgeable about how to report any concerns they may have. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager holds this responsibility. The manager described the process for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they may be required to be involved in. However, advice was given in relation to specific training in relation to the ASC role that would enhance his own knowledge and awareness of the responsibilities of this role.

There was a system in place to record staff' accidents and incidents. The manager advised that incidents involving service users were recorded in the service users' records, which were maintained in their own homes. The manager described the reporting procedures to HSC representatives. The inspector advised the manager to source the SEHSCT Guidance on the Management of Incidents, to ensure that the agency's procedures for reporting incidents were in keeping with local protocols.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that risk assessment and care plans were in place. Refer to section 6.5 for further detail regarding provider monitoring and review of risk assessments.

As previously discussed in section 6.2, the inspector observed the records management arrangements within the agency and concluded that appropriate storage and data protection measures were being maintained in respect of archived records.

**Areas of good practice**

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

**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 effective?**

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

The full nature and range of service provision was detailed in the Statement of Purpose. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The inspector examined three service users' care records and found these to be sufficiently detailed and reflective of the individuals' preferences. Risk assessments were in place and that the service user plans reviewed were also up to date and reflective of the care provided.

Care review reports undertaken by the HSC Trusts were not available in two of the records reviewed. This was discussed with the manager who agreed to contact the Trust in this regard. A review of the records did however confirm that agency had undertaken its own annual review of the service users' needs.

There was also evidence that Service User Agreements had been provided to service users within five working days, in keeping with the minimum standards.

The manager discussed the quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. This included an audit of the daily logs returned from the service users' homes. Where deficits were identified, these were dealt with appropriately.

Although the manager advised the inspector that they visited the service users on a regular basis, as part of the care delivery team, the monthly monitoring processes had not been consistently completed. Refer to section 6.7 for further detail.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. Staff consulted with stated that they felt that there was effective communication between all grades of staff.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the care records.

**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.**

Records reviewed during inspection support ongoing review of service users' needs.

Observation of staff practice carried out within service users' homes on a regular basis was confirmed during the inspection through records viewed in the agency office. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks and this was confirmed by the manager.

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.



A review of the compliments records evidenced that the staff treated service users with respect and dignity. Comments reflected gratitude for ‘the tenderness, compassion and genuine loving care each of (the staff) administered daily’ and praise for the ‘dedicated and unfailing care offered over the years, where the staff always went beyond the call of duty’.

During the inspection, the inspector spoke with two HSC representatives, five staff members, two service users and seven service users’ representatives. No concerns were raised. Some comments received are detailed below:

### Staff

- “It is a very good company, the girls care for the clients very well.”
- “It is brilliant, everything is dead on, I love this place.”
- “It is very good, I am happy enough.”
- “I cannot complaint, very good here.”
- “I have no concerns, I love it here. If my own parents required care, I would have no hesitation having any of the girls here, care for them.”

### Service users

- “I have no comments or concerns.”
- “All is fine.”

### Service users’ representatives

- “I am very pleased and have no problems.”
- “They are very supportive and attentive, I have no major issues.”
- “I am generally happy with the service.”
- “The girls are very good, I have no concerns at all.”
- “I am very, very happy. They are a great bunch of girls.”
- “I could not do without them, they are terrific.”
- “I have no complaints.”

### Trust Representatives

- “I have no issues at all.”
- “There are no issues and communication is good.”

### 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. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

### 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

## 6.7 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 organisational and management structure of the agency were outlined in the Statement of Purpose; it details lines of accountability. Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency had a range of policies and procedures which had been updated in line with the domiciliary care agency minimum standards. Advice was given to the manager in relation to the process of reviewing the individual policies and procedures, to ensure that it was clear when the policies had been reviewed.

Discussion with the manager indicated that the agency had not received any complaints from the previous care inspection. Although the manager was knowledgeable regarding the process for managing complaints in keeping with the minimum standards; advice was given in relation to sourcing the SEHSCT Guidance on the Management of Complaints, to ensure that the agency was compliant with local protocols.

All those consulted with were confident that staff/management would appropriately manage any concern raised by them. The complaints procedure was included in the service users' guides.

There had been no incidents which required to be notified to RQIA since the last inspection. Discussion with the manager evidenced that he was aware of the guidelines for notifiable events.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of service users. The agency collected equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information.

As discussed in section 6.2, the monthly quality monitoring visits had not been undertaken since November 2017. This has been identified as an area for improvement.

The annual quality review report had also not been completed and the inspector was unable to validate the actions taken to ensure that the required improvements would be made. An area for improvement previously made has been restated in this regard.

### Areas of good practice

There was evidence of good working relationships with key stakeholders.

## Areas for improvement

An area for improvement, previously made in relation to the annual quality review report was not met and has been stated for the second time. The area for improvement previously made in relation to the monthly quality monitoring reports was not met and has now been made under the regulations.

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

### 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 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 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 23(1) (2) (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> <li>(a) arranges the provision of good quality services for service users;</li> <li>(b) takes the views of service users and their representatives into account in deciding-             <ul style="list-style-type: none"> <li>(i) what services to offer them, and</li> <li>(ii) the manner in which such services are to be provided; and</li> </ul> </li> </ul> <p>has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p><b>The monthly monitoring report must be submitted to RQIA on a monthly basis, until further notice.</b></p> <p>Ref: 6.2 and 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> I can confirm that the monthly report is being completed and we have started to provide RQIA with copies on a monthly basis.</p>

<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 22 June 2018</p>	<p>The registered person/manager shall expand their annual quality review process to include staff and service commissioners' views.</p> <p>Ref: 6.2 and 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>I can confirm that I have discussed this with the Care Managers directly. While they are happy to comment on a regular basis, and contribute to our annual report, they would be reluctant to complete extra paperwork associated with this. Staff views and comments will also be included in the report which will be completed by 22<sup>nd</sup> June 2018. circulation to clients will take place within 2 weeks of completion. A copy of the report will also be forwarded to the RQIA at this time.</p>



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