

Announced Care Inspection Report 27 June 2019



Aisling Better Care

Type of Service: Domiciliary Care Agency

**Address: Glenwood Business Centre, 24 Springbank Place, Dunmurry,
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Tel No: 02890601504

Inspector: Bridget Dougan

www.rqia.org.uk

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 care and support to 18 individuals living in their own homes. Services provided include personal care, medication support and meal provision. Services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT).

3.0 Service details

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

4.0 Inspection summary

An announced inspection took place on 27 June 2019 from 11.00 to 16.30.

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 have duties 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 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 recruitment, risk management, the quality of the care records and the agency's engagement with the service users, their families and other relevant stakeholders.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, privacy, dignity and confidentiality.

Three areas for improvement were identified in relation to staff supervision, training records and safeguarding training for the Adult Safeguarding Champion.

Service users/representatives indicated that they were happy with the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with the 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 24 April 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 April 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body 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. Four staff responded; analysis of feedback is included within the report.

Questionnaires were also provided for distribution to the service users and their representatives; none were returned within the allocated timescales.

The inspector spoke with two service user representatives and four staff members. Comments received are included within the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 April 2018

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

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

6.2 Review of areas for improvement from the last care inspection dated 24 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 23(1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: 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"> (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> (i) what services to offer them, and (ii) the manner in which such services are to be provided; and 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>(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</p>	<p>Met</p>

	<p>to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>The monthly monitoring report must be submitted to RQIA on a monthly basis, until further notice.</p>	
	<p>Action taken as confirmed during the inspection: Review of a sample of monthly monitoring reports for March, April and May 2019 evidenced that the reports had been completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</p>	
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: Second time</p> <p>To be completed by: 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>Action taken as confirmed during the inspection: The annual quality report for 2017/18 was reviewed and included the comments from staff and the service commissioners' views. It was noted that the staff views included were taken from the report of RQIA inspection completed on 24 April 2018. The manager provided assurances that staff were consulted regarding the quality of the service and the results of the agency's consultation with staff would be included in future annual quality reports.</p>	<p>Met</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.

A sample of two 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 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was noted that a recruitment checklist had been maintained, however the staff start date had not been recorded. The manager agreed that the start dates would be included in the recruitment checklist going forward. The manager stated that staff are not provided for work prior to the completion of pre-employment checks and induction.

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.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The review of the induction workbook verified that staff were provided with an induction period which exceeded the timescales outlined within the Regulations. This was confirmed with the staff spoken with following the inspection.

There was a rolling programme of training, competency assessments, supervision and appraisals. Supervision and competency assessments for care assistants were provided six monthly by the senior care assistants and records were maintained. The manager confirmed that he provides supervision for senior care assistants; however records had not been maintained. An area for improvement has been identified.

Staff are required to complete training in a range of mandatory areas and additional training modules specific to the individual needs of service users. The manager confirmed that he provides the majority of the mandatory training and has an additional training qualification. The inspector reviewed the training records and was unable to evidence that the content of the safeguarding training or the infection control training had been maintained. While the names of the staff attending the training event and the dates of the training had been recorded, the staff signatures had not been maintained. A record of the qualifications of the trainer was not available on the day of the inspection. An area for improvement has been identified.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records and discussion with the manager confirmed that there had been no potential safeguarding incidents since the previous inspection.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager is the identified ASC within the organisation. The Annual Position Report had not yet been completed and the manager was advised that RQIA will wish to review evidence of the report following the implementation date of 1 April 2020.

It was confirmed that, whilst the Adult Safeguarding Champion has completed formal training in safeguarding adults, this training has not been updated within the last two years. The requirements identified within the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) were discussed with the manager and an area for improvement has been identified.

The manager confirmed that no accidents or incidents had occurred since the previous inspection and provided assurances that a system was in place to record and report all accidents and incidents in accordance with legislation and procedures.

The inspector discussed the recent changes the ambulance service has 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.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. The inspector viewed a range of risk assessments in place relating to individual service users. The agency had risk assessments in place for practices deemed to be restrictive, for example the use of bedrails and lap straps on wheelchairs to ensure the safety of service users.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

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

Areas for improvement

Three areas for improvement were identified in relation to staff supervision, training records and safeguarding training for the Adult Safeguarding Champion

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information and risk assessments.

Care review records were reviewed and it was noted that service users were involved in the care review process.

The care plans reviewed identified that consideration had been given to the service users' human rights. This related particularly to, but was not limited to, the service user's right to privacy and dignity; personal choices and autonomy; promoting family life; and their right to refuse care.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users; their next of kin and other key stakeholders and this was confirmed during discussion with service users.

Discussions with service users and staff provided evidence that staff communicate respectfully and effectively with service users and in a compassionate manner.

Staff meetings are held every six months and a record is maintained of matters discussed.

Quality monitoring systems were in place to audit and review the effectiveness and quality of care delivered to the service users. This included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users, their families and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The organisation's philosophy of care was included in the statement of purpose and service user guide. This clearly identified how service users' human rights would be upheld, including their right to privacy, dignity and respect, promoting independence and maintaining their confidentiality.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Staff could describe the methods used to support and provide care to services users in an individualised manner. Discussions with service users, staff and records viewed during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. Service user care records viewed contained information in relation to their individual needs, choices and preferences.

The inspector spoke with two service user representatives and four staff members. A sample of comments received is detailed below.

Service user/representative comments:

- “The carers are doing a great job, they’re terrific.”
- “Chris comes out to see everything is OK.”
- “The carers are very reliable, they know what they are doing.”
- “They are very experienced and very responsible.”

Staff comments:

- “I love this job.”
- “Good induction. All training completed prior to coming here, but had to go through booklets with different topics and scenarios. Training was very good, it made me more aware of things.”
- “If anything is needed you can go to the manager.”
- “Absolutely love it.”
- “We all just pull together and work well.”
- “We get supervision every six months.”

Four staff completed an electronic survey post inspection. Three staff were satisfied or very satisfied that the agency was delivering safe, effective and compassionate care and the service was well led. One staff member indicated that they were very unsatisfied across all the above domains, however no comments were provided to substantiate their concerns.

One staff member provided the following comment:

“I personally feel that we work well as a team and that all our clients are very well cared for. We are like a big family and it’s a pleasure to go out to work.”

The results of the staff survey were discussed with the manager following the inspection

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care to meet the diverse needs of individual service users and the effective engagement with service users and where appropriate other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the agency's management and governance systems in place to meet the needs of service users. The agency is managed on a day to day basis by the manager and deputy manager. The agency has an on call system for staff to access support and guidance at all times.

The staff members spoken with confirmed that there was good working relationships and that management were responsive to any concerns or suggestions made.

Discussion with the manager indicated that the agency had not received any complaints from the previous care inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

All staff providing care and support to service users are required to be registered with the NISCC. The manager confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records confirmed that all staff were currently registered. The manager described the system in place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

The inspector was advised that systems were in place to monitor and report on the quality of the care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures.

- care records
- call logs
- supervised practice

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality report.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There was evidence of good working relationships with key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 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 providers 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 Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 13.3 Stated: First time To be completed by: 21 August 2019	<p>The registered person shall ensure that records are maintained of the formal supervision meetings provided for senior care assistants.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All formal supervision sessions with senior care staff will be recorded and a record maintained in their personal files, with immediate effect.</p>
Area for improvement 2 Ref: Standard 12.7 Stated: First time To be completed by: 21 August 2019	<p>The registered person shall ensure that a record is kept for each member of staff of all the training undertaken by staff. The record includes:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the training event • the content of the training programme • the name and qualification of the trainer or the training agency <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Modifications are being made to our 'modules' to detail the content of training, and the a copy of the managers qualifications will be held within the training file for future reference.</p>
Area for improvement 3 Ref: Standard 14 Stated: First time To be completed by: 30 September 2019	<p>The registered person shall ensure the Adult Safeguarding Champion attends additional safeguarding training appropriate to their role in accordance with the Northern Ireland Adult Safeguarding Partnership Training and Development Framework.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Additional training for the ASC has been arranged for the earliest possible date, Dec 2019.</p>

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



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