

# Announced Care Inspection Report 6 December 2016



## Aisling Better Care

**Domiciliary Care Agency/Conventional  
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Dunmurry BT17 0YU  
Tel no: 028 9060 1504  
Inspectors: Rhonda Simms, Kieran Murray**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Aisling Better Care took place on 6 December 2016 from 9.50 to 16.15.

The inspection sought to assess progress with any issues raised 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.

### **Is care safe?**

During the inspection the inspectors found areas of improvement were needed in relation to recruitment practices, training, and the provision of annual appraisal to staff. Following the inspection, the registered person/manager provided RQIA with evidence of improvement measures, and agreed an improvement plan.

Inspectors found that staffing rotas provided sufficient staffing to meet the needs of service users. Whilst most staff had attended appropriate training, outstanding areas of training are identified in the quality improvement plan. Staff provided feedback that managers are easily accessible and responsive to issues of concern.

The arrangements to protect service users include a range of appropriate policies. Care plans and review arrangements reflected appropriate risk management.

### **Is care effective?**

During the inspection the agency was found to be adequately delivering effective care. The agency has systems in place to ensure an effective delivery of care in response to the assessed needs of service users. Service users and/or their representatives are involved in the review of care plans and evaluation of the service provided to them. The agency maintains effective communication with service users, relatives and key stakeholders.

The quality monitoring arrangements include consultations with service users and their representatives. The inspectors noted that whilst the quality monitoring reports had identified and recorded areas for service improvement, these had not always been effectively addressed. The inspector found that feedback from service users, relatives, and staff indicated effective service provision.

### **Is care compassionate?**

During the inspection the inspector found indications that the agency was delivering compassionate care.

The inspector found evidence that the agency regularly obtains and responds to the views of service users and their relatives. Most service users who provided feedback to inspectors commented positively on how they have been treated by agency staff.

## Is the service well led?

The inspectors found that agency staff were aware of their roles, responsibilities and accountability systems within the organisational structure. There were indications that the agency maintains effective communication with service users and relatives, and inspectors found evidence of relevant communication with the HSC Trust(s). Whilst the agency had in place a system of audit and identified areas of improvement, actions were not always carried through with effective leadership.

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

### 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 2            | 0               |

Details of the Quality Improvement Plan (QIP) within this report 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.

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 the agency's non-compliance with Regulation 13, Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The registered person undertook immediate remedial actions in relation to some areas and agreed to undertake further actions including the provision of evidence within a timeframe specified by RQIA.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26/01/2016.

### 2.0 Service details

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

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection the inspectors spoke with registered person Christopher McNeill, the deputy manager, a senior care worker, two care workers, two service users and two relatives of service users.

As part of the inspection and at the request of the inspectors, questionnaires were distributed for completion by staff; one was returned.

Feedback received by the inspectors during the inspection process is included throughout this report.

The following records were examined during the inspection:

- Recruitment policy 2016
- Staff recruitment files
- Training and induction programme
- Supervision policy 2016
- Staff training records
- Records relating to staff supervision and monitoring
- Records of quality monitoring via contact with service users and relatives
- Complaints and compliments records
- Incident record
- Records relating to safeguarding of adults
- Induction records
- Staff rotas
- A range of care and support plans
- A range of HSC Trust assessments of needs and risk assessments
- A range of care review records
- A range of examples of records kept by staff
- Quality monitoring reports
- Safeguarding vulnerable adults policy 2016
- Policy relating to management of incidents 2016
- Whistleblowing policy 2016
- Complaints policy 2016
- Statement of Purpose 2016
- Service User Guide 2016
- Aisling Better Care draft annual report 2016, including results of Client Satisfaction Survey.

## 4.0 The inspection

Aisling Better Care is a registered domiciliary care agency which provides domiciliary care services to 22 service users, mainly in the Glenavy, Ballinderry and Moira areas. The agency employs a deputy manager, two senior care workers and 10 care workers.

**4.1 Review of requirements and recommendations from the last care inspection dated 26 January 2016**

On review of the quality improvement plan dated 26 January 2016, during the inspection of 6 December 2016 the inspector found that the agency was not compliant with one requirement relating to The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and three recommendations made in relation to the Domiciliary Care Agencies Minimum Standards 2011. A further recommendation was partially met.

One requirement will be restated in the quality improvement plan for a second time. Areas of non-compliance previously stated as recommendations will be addressed as requirements in accordance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

| Last care inspection statutory requirements   |   | Validation of compliance |
|---|---|--------------------------|
| <p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13</p> <p><b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors examined the files of three care staff who had been employed by the agency since the last inspection of 26 January 2016, and one staff file of a care worker employed in 2015.</p> <p>The inspectors noted that two files contained two satisfactory written references; all files contained satisfactory Access NI checks.</p> <p>One file contained one written reference; the reasons surrounding this and the steps taken by the registered person/manager to attempt to secure two written references were not recorded in the file.</p> <p>One file contained one written reference; the registered person stated that two written references had been obtained.</p> <p>During and subsequent to the inspection, the</p> | <p><b>Not Met</b></p>    |

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|   | <p>registered person/manager was unable to provide the second reference, or any records which would support its existence. In this case, an offence was declared in the application form and records regarding the investigation of this matter were present in the staff file.</p> <p>The registered person attended a meeting at RQIA offices to discuss serious concerns in relation to Regulation 13 on 21 December 2016. On 4 January 2017 the registered person/manager informed the inspector that the second reference had been located, and provided a copy to RQIA.</p> <p>Regulation 13 is restated in the quality improvement plan. The registered person has undertaken to implement immediate remedial action which will be assessed at a further inspection.</p> |                                 |
| <b>Last care inspection recommendations</b>   |   | <b>Validation of compliance</b> |
| <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 15.10</p> <p><b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b></p> <p>The registered person/manager stated that no complaints have been received by the agency since the last inspection. The inspectors were provided with a log of compliments and complaints which contained a number of compliments. Documentation to show the progress and outcome of complaints was present.</p>  | <b>Met</b>                      |
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.7</p> <p><b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors viewed records relating to training and development undertaken by all staff, including induction training and a separate record of induction.</p>   | <b>Met</b>                      |
| <p><b>Recommendation 3</b></p>  | <p>Supervisory staff are trained in supervision and</p>   | <b>Not Met</b>                  |

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| <p><b>Ref:</b> Standard 13.1</p> <p><b>Stated:</b> First time</p>                                | <p>performance appraisal.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered person/manager stated that due to pressures in the agency since the last inspection, supervisory training had not been provided to staff undertaking supervision. The inspectors noted that of two senior care staff undertaking supervisory roles, neither had been trained and there was no evidence of specific guidance having been provided to them. The registered person/manager stated, and monthly monitoring forms reflected, that he had researched supervisory training provided by another agency and found it unsuitable for the needs of agency staff.</p> <p>The registered person has outlined appropriate remedial action and the matter will be reassessed by RQIA at a further inspection.</p> <p>This matter will be restated in the quality improvement plan.</p> |                             |
| <p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13.5</p> <p><b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b></p> <p>The registered person/manager showed the inspector a letter sent to all staff in May 2016 inviting them to arrange appointments for appraisal. Staff did not respond to this letter and the registered person/manager did not follow this matter up.</p> <p>The registered person has outlined appropriate remedial action and the matter will be reassessed by RQIA at a further inspection.</p> <p>This matter will be restated in the quality improvement plan.</p>  | <p><b>Not Met</b></p>       |
| <p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 8.11</p> <p><b>Stated:</b> First time</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><b>Partially Met</b></p> |

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|  | <p><b>Action taken as confirmed during the inspection:</b></p> <p>An inspector examined six reports of monthly monitoring which contained a general section on improvements plans. Whilst the quality monitoring reports highlighted areas of improvement to be actioned in accordance with minimum standards, not all of these areas were progressed effectively. Matters of compliance with minimum standards will be addressed specifically in the quality improvement plan.</p> <p>The registered person advised inspectors that following a suggestion by the inspector on 26 January 2016, he attempted to find an objective individual outside of the agency to undertake monthly quality monitoring, but was unable to do so.</p>  |                       |
| <p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> | <p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors noted that whilst the training needs of staff had been identified, arrangements had not been put in place to meet them in two areas identified at the previous inspection:</p> <ol style="list-style-type: none"> <li>1. First aid training. A member of staff had not undertaken first aid training and no arrangement was in place to meet their needs to enable them to do so. Inspectors were advised that a further staff member had undertaken first aid training with another reputable agency, however there was no documentary evidence present. Subsequent to the inspection, the registered person/manager provided to RQIA the certificate of first aid training undertaken by a staff member.</li> <li>2. Supervisory training for staff undertaking staff supervision. The registered person/manager advised inspectors that he had researched supervisory training through another agency and found it to be unsuitable for the needs of staff. No further arrangement had been made at the time of inspection and there was no evidence that</li> </ol> | <p><b>Not Met</b></p> |



|  |   |  |
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|  | <p>interim guidance had been provided. Inspectors noted that one of the staff providing supervisory training had been recently promoted to the role after a short period of time working in the agency.</p> <p>The registered person has outlined appropriate remedial action and the matter will be reassessed by RQIA at a further inspection.</p> <p>This matter will be restated in the quality improvement plan.</p> |  |
|--|---|--|

## 4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspectors. The agency has a recruitment policy in place and the registered person/manager oversees the recruitment process. The inspectors examined a range of staff files which showed that appropriate pre-employment checks in accordance with Regulation 13 Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 had not always been completed.

In one case, there was an explanation of why one reference was obtained, however the written records to reflect this were unsatisfactory. In this case, the applicant had a limited employment history. The registered person/manager advised inspectors that he had been unable to obtain references from referees noted on the application form after sending written requests and attempting to make phone contact. Copies of two reference templates containing the referees' addresses were present in the file. A single positive written character reference was present in the file. Mr McNeill was advised to keep contemporaneous notes of all actions made to obtain records. Subsequent to the inspection, Mr McNeill stated that the recruitment process in this case had been included in the RQIA inspection of 26 January 2016.

In the second case, the registered person/manager advised inspectors that two references had been received; however no record of the second reference was on file. The registered person/manager could not provide any other records to substantiate this claim. In this case the applicant had a declared conviction which Mr McNeill had recorded notes of investigating. Mr McNeill was advised that the absence of a second reference was concerning, particularly in light of non-compliance with Regulation 13 at the previous inspection. One written reference had been obtained from the previous employer; this did not identify any concerns.

At a meeting at RQIA offices on 21 December 2016 to discuss serious concerns in respect of Regulation 13, Mr McNeill advised that recruitment processes had been reviewed following the inspection of 26 January 2016 and provided evidence of recruitment files which showed compliance. Mr McNeill agreed to undertake further review of recruitment processes, including consideration of improving inadequate administrative processes. In addition, Mr McNeill agreed to undertake remedial actions in respect of obtaining written references.

On 4 January 2017 the registered person/manager informed the inspector that the second reference had been located, and provided evidence to RQIA.

It is disappointing to note that compliance with Regulation 13 in respect of staff recruitment has not been achieved in light of the vulnerability of service users to whom Aisling Better Care provides services. This matter will be included in the quality improvement plan and reassessed by further inspection.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The registered person/manager described the processes operated by the agency to ensure that adequate numbers of staff are available at all times, including short notice arrangements. The registered person/manager advised inspectors that earlier in 2016, following a reduction in the staff team, the agency choose to reduce the numbers of service users who receive services in order to maintain safe staffing levels for all service users. Staff commented that no calls are missed and that care staff are able to arrive on time for calls. The inspectors received feedback from service users who reported that staff usually arrive on time and do not miss calls. Two service users stated that staff rushed calls.

It was noted that the agency has an induction policy and induction programme of at least three days which includes at least a two day period of supernumerary shadowing of experienced staff and learning how to provide care. Staff commented that they experienced all shifts during their induction and therefore knew what care was provided for service users at different times of the day. The inspectors received feedback from service users who had been introduced to new care staff before care was provided to them.

The agency's system of staff training was assessed by inspectors. Records of induction and mandatory training indicated that most staff have undertaken training within appropriate timeframes. Inspectors were disappointed to note that whilst training was identified as an area for improvement at the inspection of 26 January 2016, the agency has not achieved compliance despite written reassurances from the registered person/manager. Two care workers were identified as requiring first aid training, an area identified as mandatory by the registered person/manager. Inspectors were informed that one staff member received first aid training through another agency, but no certificate was present in the staff file. Subsequent to the inspection, Mr McNeill obtained and provided a copy of the relevant training certificate to RQIA. Mr McNeill provided RQIA with a plan to provide the outstanding member of staff first aid training within a three month time period of the inspection. RQIA was advised that in the interim period, the staff member will continue to work as part of a team with another care worker.

Inspectors noted that two senior care workers were identified as outstanding for supervisory training, with no evidence of supervisory guidance having been provided to them. One of these care workers was employed in 2016 as a care worker and promoted within a few months of employment to senior care worker. The registered person/manager was advised that the safety of service users could be compromised by untrained staff carrying out practice assessments of care workers. Mr McNeill undertook to ensure that all staff with a supervisory role would be guided appropriately and subsequently trained within three months of the date of the inspection.

Examination of records indicated that care staff receive supervision and assessment of their practice three or four times per year; the agency's policy recommends quarterly supervised practice. Records of supervised practice reviewed by inspectors were not always explicitly completed, for example it was not clear how practice was assessed against objectives stated. Inspectors recommended that the record of supervised practice is reviewed.

The agency's system for ensuring that annual staff appraisals are completed was identified as an area for improvement at the inspection of 26 January 2016. The registered person/manager provided written assurance in the returned quality improvement plan of 26 January 2016 that all staff appraisals would be completed within a stated time frame. Inspectors noted on 6 December 2016 that no staff appraisals had been completed; the registered person/manager showed inspectors copies of letters sent to staff asking them to arrange a date for appraisal, however dates had not been arranged. Mr McNeill agreed to ensure that all staff have received appraisal within three months of the date of the inspection.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed policy maintained by the agency in relation to the safeguarding of adults which was stated as having been reviewed in August 2016. The reviewed policy did not include reference to the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. Subsequent to the inspection, the registered person/manager provided RQIA with an updated safeguarding policy which included recent guidance and named the registered person/manager as the agency's safeguarding champion.

Inspectors reviewed documentation relating to a safeguarding referral made by the agency to the appropriate HSC Trust. It was noted that relevant information was provided to the HSC Trust within a timely manner.

The inspectors found that staff are provided with safeguarding training as required by regulations, understood their roles and responsibilities in relation to safeguarding issues and were clear about lines of accountability. Staff who provided feedback knew about the roles of the HSC Trust and RQIA in relation to whistleblowing.

An inspector noted that HSC Trust referrals include relevant risk assessments and indications of care needs which are formulated into a care plan. Staff commented that they were informed of any risks in relation to service users, and knew how to implement a management plan.

The agency maintains a system of regular reviews of care plans with service users. Staff feedback indicated that changes in the needs of service users outside of the review are reported to the deputy manager who will arrange a review with the service user, their family and the HSC Trust as necessary. An inspector examined examples of review records where changes in need were indicated and the care plan updated accordingly.

The registered person/manager advised inspectors that there have been no missed calls; monitoring reports seen by an inspector indicated no missed calls.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and staff who provided feedback were confident of an appropriate management response. Staff could describe examples of poor practice and how they would respond by reporting to a manager.

All of the service users and relatives interviewed by an inspector confirmed that they knew who to contact if they had any concerns about care provided.

One questionnaire returned by staff indicated that they were 'very satisfied' that care was safe.

### **Areas for improvement**

The following areas for improvement were identified during the inspection:

- Compliance with Regulation 13 in respect of implementation of safe recruitment procedures.
- Provision of training to staff in respect of supervision, and first aid.
- Provision of annual appraisal for staff.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 2 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

### 4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2016) and Service User Guide (2016).

The inspectors reviewed a range of service users' care plans which reflected the HSC Trust assessment of need and included the signatures of service users. Records indicated regular evaluation, review, and updating of care plans, including involvement as appropriate with service users, relatives and the HSC Trust. Staff commented that senior care workers communicated appropriately with the HSC Trust regarding changes in service users' needs, which resulted in updating of care plans and the provision of equipment as relevant.

Inspectors reviewed six reports of monthly quality monitoring which included the views of service users, relatives, staff and HSC Trust professionals. Inspectors noted that the registered person/manager speaks personally to service users and relatives and that reports included a record of issues raised through this contact which had been satisfactorily addressed. Quality monitoring reports were completed and signed by the registered person/manager and identified a range of areas for quality improvement. The inspectors noted that some areas highlighted for improvement had not been effectively progressed. The quality improvement plan of this report includes these areas for improvement in respect of training and appraisal.

Inspectors were advised that the agency undertakes service user monitoring calls twice per year to ascertain the views of service users and their relatives; records of these calls were reviewed by inspectors. Inspectors found that further monitoring of service provision and staff performance is undertaken by observed practice of care staff by senior staff. Whilst these practice assessments are undertaken on a regular basis, inspectors found that staff performing a supervisory role had not been given appropriate practice guidance or supervisory training. This area for improvement has been commented on in the previous section, 'Is care safe?' and has been included in the quality improvement plan.

An inspector viewed quality monitoring reports provided to the commissioning HSC Trusts which include review of a wide range of quality measures.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Examination of documentation and discussion with staff indicated that the agency promotes effective working relationships with the HSC Trust and understands when to refer to or consult with appropriate professionals; this is particularly relevant to changes in the needs of service users.

Staff provided feedback which indicated that their roles and responsibilities are effectively communicated with them in relation to care provision. Staff consultation and support from a

senior care worker is available at all times through phone or face to face contact with the registered office.

It was noted that communication with service users and relatives occurs during care reviews, service user monitoring calls, consultation for quality monitoring reports and assessments of staff. On an annual basis the agency carries out a service user evaluation survey. An inspector reviewed the Aisling Better Care draft annual report 2016, including results of a Client Satisfaction Survey which identified areas for future service improvement. The registered person/manager advised inspectors that the annual report will be provided to service users and relatives as a matter of course.

Relatives and service users who provided feedback to an inspector commented that staff completed tasks allocated on the care plan and the standard of care is good. Service users and relatives commented that new staff are introduced, and they experienced good communication. Some service users and relatives made comments to an inspector that they would like care workers to do more tasks, or that they complete only tasks which are written in the care plan. The registered person/manager discussed service users'/relatives' expectations with the inspectors; records of quality monitoring reports indicated that these issues had been discussed with service users and relatives.

#### **Comments from service users and relatives:**

- 'They are doing a good job.'
- 'They are never late.'
- 'There are no missed calls.'
- 'I have a number (for the office).'
- 'Most of the time they are punctual, or phone.'
- 'I'm happy with the care.'

One questionnaire returned by staff indicated they were 'very satisfied' that delivery of care was effective.

#### **Areas for improvement**

Areas for improvement identified during the inspection in respect of recruitment, training and appraisal, have been included as requirements under the section, 'Is care safe?'

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|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

#### **4.4 Is care compassionate?**

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to involve service users/their representatives in decisions affecting their care. Staff who provided feedback to the inspector showed respect and empathy for service users.

**Staff commented:**

- ‘You treat people like how you would want your mother treated.’
- ‘We try to keep their choices and independence, for example what they want to wear.’
- ‘We have some flexibility.’
- ‘We talk to clients about how to work best with them.’
- ‘It’s their home you’re going into, you treat it with respect.’

The inspectors examined evidence of a range of systems in place to ascertain and respond to the views of service users and their relatives. The signatures of service users/and or relatives were evident in care plans and review records seen by an inspector. The agency maintains contact with service users and relatives through twice yearly monitoring visits and phone calls; records of comments were seen by an inspector. Reports of monthly quality monitoring indicated where matters raised by service users or relatives had been followed up.

The inspectors saw results of the 2016 Client Satisfaction Survey which recorded levels of satisfaction with services provided, as ascertained throughout the year. The inspectors were informed that the results of the survey will be shared with service users and relatives through publication of the annual report in coming months.

The service users and relatives who provided feedback to an inspector advised that carers treat them with dignity and respect.

**Comments from service users and relatives:**

- ‘The girls are nice.’
- ‘I couldn’t do without the carers.’
- ‘I’m generally happy enough.’
- ‘They are lovely.’
- ‘They are pleasant girls, I’ve no complaints.’
- ‘It’s great.’
- ‘They are courteous and helpful.’
- ‘It’s nice to have a bit of conversation.’
- ‘I’m very glad for them coming in.’

One questionnaire returned by staff indicated they were ‘very satisfied’ that the agency is delivering compassionate care.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
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**4.5 Is the service well led?**

The inspectors examined management and governance systems in place to meet the needs of service users. The management structure of the agency is clearly defined and was well

understood by staff. Staff provided positive feedback about the roles of managers in responding to issues appropriately and in a timely manner.

Communication with staff is maintained through a system of verbal confirmation by phone and face to face. Staff provided positive feedback regarding the accessibility of a manager in person or by phone throughout their working day.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with service users and relatives. A range of documentation seen by inspectors recorded communication with the HSC Trust.

The management of staff performance includes regular supervision, and direct observation of practice. Inspectors found that annual appraisals had not been carried out and this has been highlighted in the section 'Is care safe?' and stated in the quality improvement plan. The inspectors saw documentation of assessed direct observations of practice which related to specific objectives. The registered person/manager agreed to review and improve the documentation used to record direct observations of practice. Staff who took part in the inspection were aware that their practice would be assessed on an unannounced and ongoing basis and understood the purpose of this.

Inspectors found that staff undertaking supervisory roles had not received supervision training as stated in the quality improvement plan of the inspection of 26 January 2016. The registered person/manager accepted the inspectors' findings that a lack of supervisory guidance may impact on the quality of service provided to service users and agreed to take remedial action; this matter is discussed in the section 'Is care safe?'

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. Staff who provided feedback were aware of the role of RQIA and knew how to make contact. There are effective systems of consultation with managers, both inside and outside of normal working hours. Staff that provided feedback to the inspectors were informed of their responsibilities and understood their roles.

The agency's governance of risk includes appropriate procedures, regular audit of adverse incidents including safeguarding incidents, incidents notifiable to RQIA, and complaints. The inspectors found that the agency had one recorded safeguarding incident since the last inspection of 26 January 2016.

The agency maintains a range of policies and procedures which were recorded as last being reviewed in August 2016. Inspectors noted that the safeguarding policy did not include up to date legislation and guidance; the registered person/manager provided an appropriately updated policy to RQIA subsequent to the inspection. Key policies and procedures are included in a handbook provided to all staff; all policies and procedures are stored in the registered office and are accessible to staff.

The agency maintains and implements policy relating to feedback including complaints. An inspector reviewed complaints and compliments records which indicated that no complaints were received during the reporting period of 1 April 2015 to 31 March 2016. An inspector noted that no complaints were recorded in quality monitoring reports provided to the HSC Trust. All of the service users and relatives interviewed by an inspector confirmed that they were aware of whom they should contact if they had any concerns regarding the service.

One questionnaire returned by staff indicated that they were 'very satisfied' that the agency was well led.

### Areas for improvement

Areas for improvement identified during the inspection in respect of recruitment, training, appraisal and review of policy, have been included as requirements under the section, 'Is care safe?'

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
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## 5.0 Quality improvement plan

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

The registered provider/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 provider 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. 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.



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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 13

**Stated:** Second time

**To be completed by:** immediate and ongoing

The registered person shall ensure that no domiciliary care worker is supplied by the agency unless –

(d) Full and satisfactory information is available in respect of each of the matters specified in Schedule 3.

This regulation is stated particularly but not exclusively in respect of:

- The registered person/manager must obtain two written references;
- The registered person/manager must keep appropriately detailed records in staff files in relation to the process of attempting to obtain references.

**Response by registered provider detailing the actions taken:**

As indicated in the body of the report, on the day of the inspection, the outstanding reference for one applicant could not be identified. This was subsequently located in the staff members file. We understand and appreciate the need to follow all recruitment procedures, and would not have employed any potential staff member without following the correct procedures.

Immediately following the inspection, we put into place an audit trail which will ensure that all documents and records acquired and made during the recruitment process will be managed effectively.

#### Requirement 2

**Ref:** Regulation 16 (2)(a)

**Stated:** First time. This area for improvement was stated in the previous quality improvement plan as standards 13.1, 13.5 and 12.4.

**To be completed by:** Supervisory guidance to be provided immediately. All training to be provided by 6 March 2017.

(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

This regulation is stated particularly but not exclusively in respect of:

1. Supervisory training for all staff undertaking supervision activity, including supervisory practice assessments. **Guidance must be provided immediately; with follow up training to be provided by 6 March 2017.**
2. All staff must receive appraisal to review their performance against their job description and agree personal development plans.
3. All staff must receive training appropriate to the work they are to perform. This refers particularly, but not exclusively, to first aid training.

**Response by registered provider detailing the actions taken:**

1. Guidance was issued to senior carers immediately following the inspection in December. This guidance identifies the roles and expectations of senior carers, particularly with regards to

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|  | <p>maintaining standards, supervision and assessment of staff, and adult safeguarding. Training has been cancelled twice, but will be undertaken by 6<sup>th</sup> march.</p> <ol style="list-style-type: none"><li>2. All staff appraisals were completed in January 2017</li><li>3. First Aid training and/or Assessments were completed in January 2017 where required.</li><li>4. Updated Adult Safeguarding training was completed for all staff in January 2017.</li></ol> |
|--|--|

***\*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\****



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