

Unannounced Care Inspection Report 16 January 2019



Clogher Valley Care Ltd

Type of Service: Domiciliary Care Agency
**Address: T5 Dungannon Enterprise Centre, 2 Coalisland Road,
Dungannon, BT71 6JT**
Tel No: 02885548378
Inspector: Aveen Donnelly

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

Clogher Valley Care Ltd is a domiciliary care service based at the Dungannon Enterprise Centre. The service provides care and support to 122 individuals living in their own homes who have their services commissioned by the Southern Health and Social Care (HSC) Trust. Services provided include personal care, medication support and meal provision. Day-sitting and night-sitting services are also provided.

3.0 Service details

Organisation/Registered Provider: Clogher Valley Care Ltd	Registered Manager: Miss Evelyn Jennifer Frizelle
Responsible Individual: Miss Evelyn Jennifer Frizelle	
Person in charge at the time of inspection: Team Leader	Date manager registered: 6 January 2009

4.0 Inspection summary

An unannounced inspection took place on 16 January 2019 from 10.15 to 16.00.

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 was evidence of good practice found throughout the inspection in relation to staff supervision. Care records were generally well maintained. Communication between service users, agency staff and other key stakeholders was well maintained. There were examples of good practice found throughout the inspection in relation to monthly quality monitoring.

Areas for improvement were made in relation to the recruitment processes, staff induction, staff training, the recording of complaints and the annual quality review process (report). One area for improvement previously identified at the last care inspection was not met and has been made for the second time.

Service users and their' representativessaid that they were satisfied 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	4	2

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, 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 August 2017

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

At the request of the inspector, the person in charge 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 completed the survey.

The inspector requested that the person in charge place a 'Have we missed you' card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Prior to the inspection, the inspector spoke with two service users and thirteen relatives by telephone on 15 January 2019. During the inspection, the inspector spoke with the person in charge, two staff members and one HSC trust' representative. Comments received are included within the body of the report.

The following records were examined during the inspection:

- two staff recruitment records
- two staff induction records
- supervision and appraisal records
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- four service user records regarding review, assessment, care planning and quality monitoring
- daily logs returned from two service users' homes
- RQIA registration certificate
- complaints records
- service user guide/agreements
- statement of purpose
- annual quality assurance report 2017
- monthly quality monitoring reports August to October 2018

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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 August 2017

The most recent inspection of the agency was an unannounced careinspection. The completed QIP was returned, approved by the careinspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 24 August 2017

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
Area for improvement 1 Ref: Regulation 21(1)Schedule 4 (6) Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained , and that they are - At all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.	Met
	Action taken as confirmed during the inspection: Training records were available for inspection.	
Area for improvement 2 Ref: Regulation 13 (d) Schedule 3 (10) Stated: First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d)he is physically and mentally fit for the purposes of the work which he is to perform;	Not met
	Action taken as confirmed during the inspection: A review of two staff' recruitment records confirmed that this matter had not been addressed. This area for improvement was not met and has been stated for the second time.	

6.4 Is care safe?

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

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of one team leader and a number of domiciliary care staff. The agency's staffing arrangements were discussed and the person in charge advised that they felt there were sufficient staff employed, to meet the current level of care provision. No concerns regarding staffing provision were raised with the inspector during the consultation process.

As discussed in section 4.2, a review of two staff' recruitment records identified that a statement had not been provided by the registered manager in respect of staff' physical and mental health fitness. An area for improvement in this regard has been made for the second time. Other deficits were identified in the review of the staff' personnel records. In one staff' file, there was only one written reference available; in the second staff' file reviewed, the two written references in place, were not dated. This meant that the inspector was not assured that they had been received before the staff had commenced employment with the agency. There was no proof of identity or photograph present in the staff' files. This has been identified as an area for improvement.

Discussion also took place with regards to maintaining written records of interviews, as part of the recruitment process, in keeping with good practice. This matter had been previously discussed with the manager during the inspection undertaken on 24 August 2017.

There was a system in place to ensure that all staff were registered with NISCC and to identify when staff are due to renew their registrations.

Staff consulted with confirmed that they had received an induction and a period of shadowing experienced staff when they commenced employment. However, during the inspection, a review of both induction records identified that the induction had been completed in one day, which is not in line with the regulatory three day timeframe and the induction form was not consistently signed off. The review of the staff' rosters did not clearly indicate that the staff had been shadowing either. This has been identified as an area for improvement.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of records confirmed that this included, mentoring through formal supervision meetings and spot checks on staff' practice. The person in charge described an electronic system that is due to be put in place, which will ensure continued management oversight of when staff are due to have formal supervisions.

As discussed in section 4.2, training records were available for inspection. The review of the training records identified that whilst the majority of staff had been provided with mandatory training, it was noted that three staff members, who had commenced work since the date of the last training sessions, had not been provided with training. It was noted that these areas had not been included in the induction programme. An area for improvement has been made in this regard. Advice was also given during the inspection, in relation to the benefits of developing a training matrix. This would give better management oversight of when staff were due to renew their training.

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

There was a system in place to ensure that any accidents or incidents would be managed in accordance with local protocols. The person in charge advised that no accidents or incidents had occurred since the last care inspection.

Records reviewed confirmed that risk assessments were completed for each service user and were reviewed on a regular basis.

The inspector observed the records management arrangements within the agency, in respect of archived records, and concluded that the current arrangements were appropriate to ensure that data protection measures were being maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the staffing arrangements, staff supervision, adult safeguarding and risk management.

Areas for improvement

Areas for improvement were made in relation to the recruitment, staff induction and staff training. One area for improvement previously made at the last care inspection was not met and has been made for the second time.

	Regulations	Standards
Total number of areas for improvement	4	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 and Service User Guide. The agency’s arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The majority of the service users and relatives interviewed had no issues regarding communication.

The inspector examined four service users’ care records and found these to be detailed and generally reflective of the service users’ needs. Service User Agreements were consistently provided to service users within the required timescale.

There were quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. The review of the daily records returned from the service users’ homes, identified that they were generally well maintained.

Quality monitoring reports indicated consultation with a range of service users and relatives. There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. The person in charge advised that

care reviews with the HSC Trust representatives were held annually or as required and that agency staff attended when invited.

No concerns were raised in relation to effective communication between all grades of staff.

Minutes of staff meeting were available for those who were unable to attend.

Areas of good practice

There were examples of good practice found in relation to the review of care needs and the agency's engagement with the service users.

Areas for improvement

No areas for improvement were made in this domain 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 agency carried out service user quality monitoring on an ongoing basis through home visits, telephone contact and monitoring visits which specifically ascertained and included the views of the service users and their representatives. 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 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 person in charge.

A review of the monthly quality monitoring reports evidenced that the staff treated service users with respect and dignity. A review of the compliments recorded in the monthly quality monitoring reports included:

- "thanks for the care and attention provided to (service users' name) who passed away."
- "(service user's name) was very comfortable with the level of support provided."
- "(service user's name) enjoys them coming in and would be lost without them."

The review of the annual quality assurance report completed in March 2018 evidenced that all of the service users were generally satisfied with the care provided. This is further discussed in section 6.7.

During the inspection, the inspector spoke with two staff, who indicated that they were satisfied with the service provided by the agency. As part of the inspection process, the inspector spoke with two service users and thirteen relatives by telephone on 15 January 2019. Some comments received are detailed below:

Service users

- “I couldn’t say a bad word about them.”
- “No complaints, I couldn’t say better for them, I am more than pleased with any care they give.”

Service users’ representatives

- “They are ok”.
- “Couldn’t say a bad word about them.”
- “Happy enough, couldn’t say anything negative about them.”
- “My mother’s carers are excellent.”
- “They are very nice indeed, very pleased with them.”
- “No problem at all with them.”
- “They are all very good.”
- “I haven’t heard (service user) complain to me about them.”
- “No problems with them.”
- “They are good enough.”

Two service users’ representatives discussed with the inspector issues in relation to communication, which occurred at the start of the care package. Both were satisfied that when raised with the staff in the office, matters improved.

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
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 agency’s registered premises are Riverview, Augher. RQIA had not been informed in keeping with Regulation 28 (c)(i) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, that the address of the agency had changed. Following the inspection, the registered manager submitted an application to RQIA on 28 January 2019 to vary the registration details, in respect of the new address. RQIA will issue an updated registration certificate in due course.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users; it was identified that although the agency has governance and management arrangements in place, areas for improvement were identified, which will assist the management team to fulfil their responsibilities, enhance practice and service users' experience. This relates specifically to the recruitment, induction and training processes, as discussed in section 6.2 and 6.4.

There was a policy in place in relation to the management of complaints, however, the review of the complaints file identified that complaints had not been managed in accordance with legislation, standards and the agency's own policies and procedures. This relates particularly to a contract compliance issue for which there were no records available. The annual report also indicated that four service users had made complaints to the agency and although three had indicated that their complaint had been dealt with to their satisfaction, the absence of complaints records meant that the inspector could not assess how the complaints had been dealt with. An area for improvement has been made in this regard.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Advice was given in relation to improving input from service users' representatives in the monthly quality monitoring processes. Reports which were unavailable on the day of inspection were forwarded to RQIA by email on 23 January 2019.

Whilst the inspector acknowledged that any matters raised by service users' representatives in the quality monitoring reports, were dealt with appropriately; the review of the annual quality report identified that ten service users indicated that they were not notified by the agency when they had a new carer. The inspector was unable to evidence what action had been taken in response to this feedback. This was deemed to be important, given that all the complaints records were not available on the day of the inspection. There was also no evidence that the annual report included service' commissioners views. This was disappointing given that the agency had been compliant with this area in the annual quality report for 2016. An area for improvement has been made in this regard.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years.

There had been no incidents reportable to RQIA since the last care inspection.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly quality monitoring. There was evidence of good working relationships between service users, staff and relevant HSC representatives.

Areas for improvement

Areas for improvement were made in relation to the recording of complaints and the annual quality review process (report).

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, 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 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 Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13(d) Schedule 3(10)</p> <p>Stated: Secondtime</p> <p>To be completed by: Immediately from the date of the inspection</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained , and that they are -</p> <p>At all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>(d)he is physically and mentally fit for the purposes of the work which he is to perform</p> <p>Ref: 6.2 and 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All employee files have been reviewed and updated with the above statement.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(d) Schedule 3(3) and (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection</p>	<p>The registered person shall ensure that recruitment records are appropriately maintained and that the records specified in Schedule 4 are at all times available for inspection. This refers specifically to:</p> <ul style="list-style-type: none"> • Proof of identity, including a recent photograph. • Two written references,including a reference from the applicant's present or most recent employer, if any. <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All empyee files have been reviewed and a copy of proof of identity and a recent photograph has been added.</p> <p>where it has been difficult to obtain 2 acceptable written references, RQIA guidance has been followed to ensure that detailed evidence is in place to show references obtained over the phone and what work has been undetaken to source alternative referee's.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16(5) (a) and (b)(i)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection</p>	<p>The registered person shall ensure that new staff are provided with appropriately structured induction training lasting a minimum of three full working days; and during that induction training, new staff membersare not supplied to service users unless accompanied by another domiciliary care worker who is a suitably qualified and competent person.</p> <p>This refers specifically to the completion of the induction record and in relation to clearly recording 'shadowing shifts' on the staff roster.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>a new format has been completed to better show the induction training</p>

	<p>undertaken by new staff and improvements made in any areas we felt were lacking.</p> <p>Details of new staff shadowing is now better documented and available to download as a report from our carefree system which has been implemented this year. Paper copies of all shadowing is also kept on each staff members file.</p>
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<p>Area for improvement 4</p> <p>Ref: Regulation 16(2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection</p>	<p>The registered person shall ensure that each employee of the agency receives training which is appropriate to the work they are to perform.</p> <p>This refers specifically to training requirements of newly employed staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: We now have installed a carefree system in our office and all staff and service users details have been and are being loaded onto it. This better shows us training requirements for present staff and for all new staff. Our induction programme has been improved and is now in line with the required training.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 15.10</p> <p>Stated: Firsttime</p> <p>To be completed by: 16 March 2019</p>	<p>The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All complaints are kept on file and includes all communications and action taken. All office staff are aware of where this file is kept and what information it should include. A copy of each complaint is also now being kept in the specific service users file.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall evaluate the quality of services provided on at least an annual basis and follow-up action taken. Key stakeholders, specifically HSC Trust' representatives should be included in this process.</p> <p>This relates specifically to the annual report which is due to be completed in March 2019.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Our 2019 Annual Quality report will include any action taken regarding the quality of service provided. This is taken from our annual surveys, our monthly monitoring reports and our monitoring reviews.</p>



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