

Unannounced Care Inspection Report 24 August 2017



Clogher Valley Care Ltd

Type of Service: Domiciliary Care Agency

Address: The Bungalow, Riverview, Augher, BT77 0BJ

Tel No: 02885548378

Inspector: Michele Kelly

User Consultation Officer (UCO): Clair Mc Connell

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Clogher Valley Care Ltd is a domiciliary care service based at Riverview, Augher. The service provides care and support to 115 individuals living in their own homes who have their services commissioned by the Western Health and Social Care Trust (WHSCT). Services provided include personal care, medication support and meal provision.

3.0 Service details

Organisation/Registered Provider: Clogher Valley Care Ltd Responsible Individual: Miss Evelyn Jennifer Frizelle	Registered Manager: Miss Evelyn Jennifer Frizelle
Person in charge at the time of inspection: Miss Evelyn Jennifer Frizelle	Date manager registered: 06 January 2009

4.0 Inspection summary

An unannounced inspection of Clogher Valley Care Ltd took place on 24 August 2017 from 10.00 to 15.30 hours.

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

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

Evidence of good practice was found in relation to the knowledge and compassionate attitude demonstrated by the carers spoken to on the day of inspection and the robust records of supervision and appraisal maintained by the agency.

Areas requiring improvement were identified and relate to ensuring the registered manager or registered person provides a statement that a person to be employed is physically and mentally fit for the purposes of the work s/he is to perform. The inspector also identified the absence of training records which were not available for inspection and this matter remains under review.

Service users said the service was very reliable and consistent. Discussion with staff spoken with during inspection provided positive feedback in terms of their work within the agency.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 18 July 2016.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 July 2016.

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
- Record of notifiable events
- Record of complaints notified to the agency.

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

- Discussion with the registered manager
- Consultation with three care staff
- Consultation with a trust professional
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. At the time of writing this report no completed staff questionnaires were returned to RQIA.

During the inspection the inspector met with three staff. Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and five relatives, by telephone, on 23 August 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service.

The following records were examined during the inspection:

- Three staff members' recruitment records
- Three staff members' quality monitoring, supervision and appraisal
- Adult safeguarding policy and procedure
- Whistleblowing policy and procedure

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 18 July 2016

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 18 July 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.12 Stated: First time	The registered person/manager is recommended to expand their annual quality review process to include staff and service commissioners' views.	Met
	Action taken as confirmed during the inspection: The annual quality review report for 2016 was reviewed and included staff and service commissioners' views.	

6.3 Inspection findings

6.4 Is care safe?

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

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Clogher Valley. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of training given included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Consistency is good. We have got to know them well".
- "They contact me if anything is wrong with XXX".
- "No concerns about the care".

One incident involving a contract compliance issue concerning a staff member was discussed by the registered manager during inspection. The inspector was satisfied that the agency had investigated the complaint appropriately and thoroughly; appropriate steps to ensure the safety of the service user and the potential safety of other service users had been taken.

A range of policies and procedures were reviewed relating to staff recruitment. The inspector found these policies to be up to date and in accordance with related regulations and standards.

Four files were reviewed relating to recently appointed staff. The information reviewed within the sample of staff files indicated that these domiciliary care workers had been employed and supplied to service users without a statement by the registered manager or the registered person confirming the person was physically and mentally fit for the purposes of the work they were required to perform. The inspector also discussed the mechanism for ensuring all potential employees have an enhanced disclosure from Access NI and was advised that the agency outsource this to another organisation. Following the inspection, the inspector sought further clarification from the registered manager on the system in place to ensure that all Access NI enhanced disclosures are evaluated by them; this aspect of the agency's recruitment practices will remain under review.

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

records of interviews were not recorded in personnel files. This matter was discussed with the registered manager who agreed to ensure written records of employee interviews are maintained. Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis.

Robust records of supervision and appraisal were also evident in files examined by the inspector.

The inspector viewed four staff files and noted the evidence for attendance at training sessions was scant; the registered manager explained the training file was with the registered person who was not in the agency office on the day of inspection. The inspector was unable to verify that staff had received the relevant mandatory training and subsequent to the inspection, the inspector requested submissions of training records in respect of mandatory training undertaken by all staff. In accordance with Regulation 21, Schedule 4, records of training should be kept up to date and available for inspection at all times. The absence of training records reduces any assurances that staff are providing safe care and this matter will remain under review. The absence of training records was also identified as an area for improvement at an inspection on 15 December 2015.

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.

Three staff members interviewed on the day of inspection confirmed that they are provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They also said that they believe there is a consistency of care provided by the agency

The registered manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was viewed during inspection.

Discussions with staff and service user views obtained by the UCO suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

The inspector observed the records management arrangements within the agency and concluded appropriate storage and data protection measures were being maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal.

Areas for improvement

Two areas for improvement were identified during the inspection;

- The registered manager or the registered person must confirm that persons employed are physically and mentally fit for the purposes of the work he is to perform

- The registered manager must ensure that a record is kept in the agency of all staff training including the names and signatures of those attending training events, the name and qualification of the trainer or training agency and the content of the programme.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers’ timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Clogher Valley were raised with the UCO. The service users and relatives advised that home visits have taken place to ensure satisfaction with the service; the agency has also sent out questionnaires. Examples of some of the comments made by service users or their relatives are listed below:

- “Happy with the service.”
- “No complaints at all.”
- “Couldn’t do without them.”

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

A sample of four service user files viewed confirmed that the agency management had carried out quality monitoring with service users/relatives to ensure service user’s needs were being met. The manager confirmed they receive an amendment form from the trusts detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users’ needs were identified. Staff also demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

Areas 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.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

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

- “They do whatever needs done”.
- “Best team. Blessed with great girls”.
- “The girls are flexible to suit the family”.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. One staff member commenting about visiting service users described the importance of engaging in conversation and taking opportunities to comfort; this employee said;

- “When you are doing something for the service user you talk to them and hopefully they will confide in you if they need to”.

Another employee commented;

“I understand that to some service users carers can seem like an invasion especially when on double calls; it takes a while to build a relationship”

Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff indicated that they believed service users were treated with dignity and respect and were involved in decisions affecting their care.

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.

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.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One relative advised that they had contacted the agency regarding one carer and were happy with the outcome.

No concerns regarding the management of the agency were raised during the interviews. The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Ms Jennifer Frizelle, the agency provides domiciliary care to 115 service users living in their own homes.

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

The Statement of Purpose and Service Users Guide were found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations. The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services. The inspector reminded the manager to complete and return a record of complaints form for the period 1 April 2016 to 31 March 2017.

The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures. They also indicated that they felt supported by their manager who they described as always available with an open door policy.

The inspector reviewed the monthly monitoring reports for April, May and June 2017. The reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

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 Jennifer Frizelle 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 to Agencies.Team@rqia.org.uk for assessment by the inspector.

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

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 21(1)Schedule 4 (6)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Our training records are maintained up to date and are retained in the office. Examples of our training schedule, an employee training record and an example of a training session signed by each attending employee were emailed to our inspector.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (d) Schedule 3 (10)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing.</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d)he is physically and mentally fit for the purposes of the work which he is to perform;</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Our medication questionnaire has been amended to include a statement from the manager saying that the applicant is either fit/unfit for employment and evidence attached if further medical statements has been sought.</p>

Please ensure this document is completed in full and returned to Agencies.Team@rqia.org.uk from the authorised email address



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