

Unannounced Care Inspection Report 10 October 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: Michele Kelly

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 153 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 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: 6 January 2009

4.0 Inspection summary

An unannounced inspection took place on 10 October 2019 from 10.30 to 15.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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

There 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, and the annual quality review process and 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' representatives said 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'

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Jennifer Frizelle, 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 16 January 2019

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 January 2019.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

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

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responded within the timeframe for inclusion within this report.

Questionnaires were also provided for distribution to the service users and their representatives; four responses were returned and are discussed in the main body of the report.

The inspector spoke with three service users, three staff members, one professional and four relatives. Comments received are included within the body of the report.

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

The inspector would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 16 January 2019

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 13(d) Schedule 3(10) Stated: Second 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. (d)he is physically and mentally fit for the purposes of the work which he is to perform	Met
	Action taken as confirmed during the inspection: The inspector was able to view all records requested and saw evidence that the registered manager provides a statement that the person is physically and mentally fit for the purposes of the work which he is to perform.	
Area for improvement 2 Ref: Regulation 13(d) Schedule 3(3) and (4) Stated: First time	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: <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. 	Partially met
	The inspector viewed recruitment records and in one file it was not clear who the referees were as areas for recording names and details had been left blank. This area for improvement will be restated.	

<p>Area for improvement 3</p> <p>Ref: Regulation 16(5) (a) and (b)(i)</p> <p>Stated: First time</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 members are 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>Action taken as confirmed during the inspection: Records viewed by the inspector clearly identify the structure and length of induction detailing the shadowing roster for each new member of staff.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16(2)(a)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: This matter is restated as it was not evident on the day of inspection that all staff had attended mandatory training.</p>	<p>Not met</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 15.10</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: The inspector viewed evidence that records are kept of all complaints and advised for clarity complaints and incidents should be recorded on separate logs.</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 8.12 Stated: First time	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.	Partially met
	This relates specifically to the annual report which is due to be completed in March 2019.	
	Action taken as confirmed during the inspection: The annual report did not include responses from some key stakeholders specifically Health and Social Care (HSC) staff and therefore this area will be restated.	

6.2 Inspection findings

6.3 Is care safe?

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

Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices. In a review of recruitment records two referees' identities were not clearly recorded on the reference request form. Recruitment practices were an area for improvement at the last inspection and an area for improvement in this regard will be made for the second time.

Those consulted with indicated that the staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met. 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 two 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.

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

The inspector viewed staff files and noted the evidence for attendance at training sessions was scant; the registered manager explained training was recorded electronically. The inspector was unable to verify that all staff had received the relevant mandatory training. 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 and is restated as an area for

improvement for the second time. The inspector also advised that audits of training should be part of monthly monitoring and progress recorded in Regulation 23 reports.

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 registration; one member of staff who had commenced work with the agency in recent months was not registered with NISCC although an application had been made. Following the inspection the inspector was advised of progress in relation to this person’s application.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency’s arrangements for managing this and the manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate

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.

Areas of good practice

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

Areas for improvement

Areas for improvement were made in relation to the recruitment, and staff training for the second time.

	Regulations	Standards
Total number of areas for improvement	2	0

6.4 Is care effective?

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

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 three 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. 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

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. Care records included information regarding service user's preferences and a section regarding what is important to them now and in the future.

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.

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:

- "Good service, couldn't be without them."
- "Very good service they are like family."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive awareness training in relation to equality and confidentiality during their induction programme. Discussions with staff and records viewed indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The service users and relatives who spoke to the inspector stated that they have choices and that staff respect their views and wishes. Service user care records viewed in the agency office were noted to contain information relating to the needs of service users and their individual choices and preferences. Staff could describe how they support service users to make decisions about the care and support they received.

Staff discussed the value of developing rapport with service users, and the need to be mindful of their individual wishes and preferences.

Four questionnaires were returned from relatives and services users following the inspection all reported being very happy with the standard of care provided by the agency.

Staff spoken with commented:

- “Excellent quality of care, there are high standards.”
- “It’s nice to be able to make a difference and bring a smile to someone’s face.”
- “My clients are the best.”

Service users’ comments:

- “Anything I ask for I get, the girls are a pleasure to have in your home.”
- “Very good service, they are like family.”

Relatives’ comments:

- “Very happy they are very respectful.”
- “Choices are respected, I am contented and happy.”

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

The inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by the manager who is assisted by a monitoring officer and a supervisor.

Staff could describe the process for obtaining support and guidance at any time including out of hour arrangements. Staff who spoke to the inspector confirmed that there had good working relationships with the management team and office administrative staff.

Staff spoken with commented:

- “There is good leadership and support is only a phone call away.”
- “The service is well organised, we have time to get tasks done.”

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. They contained all 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 manager advised that one complaint had been received from the date of the last inspection and the inspector was satisfied that responses were appropriate.

There are processes in place to promote effective engagement with service users they include the agency’s monthly quality monitoring process; compliments and complaints process; care review meetings, annual survey and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A review of records confirmed that the monthly quality monitoring visit reports are completed by the responsible person. Monthly quality monitoring visit reports were available to be examined since the last inspection but the inspector did not consider that they reflected a robust audit of working practices. The inspector also advised that the report should include progress in respect of compliance with the RQIA quality improvement plan and future reports should be submitted to RQIA. An area for improvement is stated with regard to this matter.

The annual report for 2018/2019 did not reflect the views of key stakeholders specifically Health and Social Care (HSC) staff; this matter was identified as an area for improvement at the last inspection and will therefore be restated

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

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. Staff could discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individual risk assessment

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

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified and refer to:

- Ensuring monthly monitoring reports are robust and are submitted to RQIA.
- Ensuring the key stakeholders, specifically HSC Trust' representatives should be included in the annual review.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jennifer Frizelle, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1 Ref: Regulation 13(d) Schedule 3 (4)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</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"> • Two written references, including a reference from the applicant's present or most recent employer, if any. <p>Refers to verifying the identity of the referee clearly on the reference request and response.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All employee files were checked and all clearly state the referee's details.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16(2)(a)</p> <p>Stated: Second time</p> <p>To be completed by: 10 January 2019</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 also refers to ensuring training records are up to date and available for inspection</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All our training is now provided inhouse. we use an online training programme and practical training eg. manual handling & medication is provided by ourselves also. the online training programme clearly shows progress made and is much more user friendly when it comes to printing reports and using it's training matrix.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 23 (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt</p>

	<p>by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>This area for improvement relates to the quality of a number of monthly quality monitoring reports available for inspection. In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: We now use the template recommended by the RQIA for our monthly monitoring report. this will also include printed reports detailing our log of complaints/accident & incidents/compliments/issues & concerns/medication/late or missed calls.</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 8.12</p> <p>Stated: Second 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>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: the opinion of some members of the HSC trust was sought and included in our monthly monitoring reports as it was not included in our annual survey for last year. it has been noted that the HSC will be included in our evaluation every March going forward.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)