



Derg Valley Care
RQIA ID:10739
5-7 Parkview Road
Castleberg
BT81 7BN

Inspector: Caroline Rix
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**Announced Care Inspection
of
Derg Valley Care**

16 April 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on **16 April 2015** from 10.15 to 16.00 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. There were some areas of safe and effective care identified for improvement. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

2. Service Details

Registered Organisation/Registered Person: Derg Valley Care/Mrs Maureen Dorothy Florence McKeague	Registered Manager: Acting manager: Mrs Maureen Dorothy Florence McKeague
Person in Charge of the Home at the Time of Inspection: Mrs Maureen Dorothy Florence McKeague	Date Registered: 15/01/2009
Number of service users in receipt of a service on the day of Inspection: 198	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

- Theme 1 - The views of service users and their carers / representatives shape the quality of services provided by the agency
- Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services

4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Records of notifiable events for 2014/15
- User Consultation Officer (UCO) report

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

- Discussion with the registered person
- Consultation with staff
- Examination of records
- File audits
- Evaluation and feedback.

As part of the inspection the User Consultation Officer (UCO) spoke with six service users and nine relatives, either in their own home or by telephone, between 16 and 24 April 2015 to obtain their views of the service. The service users interviewed live in Castlederg and the surrounding areas, and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Housework.

The UCO also reviewed the agency's documentation relating to six service users.

The findings from their feedback have been included within the body of this report.

During the inspection the inspector met with two care staff and their feedback is contained within the body of this report.

The following records were examined during the inspection:

- Six care plans and risk assessments
- Six HSC Trust referrals
- Six service user agreements
- Care review, quality monitoring visit/ survey feedback records
- Six service user daily logs
- Monthly monitoring reports for January, February and March 2015
- Annual quality review report for 2014/15
- Compliments log and three records for 2014/2015
- Complaints log and three records for 2014/2015
- Notification of incidents log and record for 2014/2015
- Staff meeting minutes for March 2015
- On-call communication record
- Staff duty rota for week commencing 13 April 2015
- Four staff training records
- Four staff monitoring/supervision records

5. The Inspection

Derg Valley Care is a domiciliary agency based in Castlederg, providing care to 198 service users in the West of Northern Ireland. Service users include older people, people with physical disabilities, mental health needs and learning disability. Services are provided by 110 care staff and include providing assistance with personal care and domestic tasks, as well as accompanying individuals to appointments, and promoting daily living skills and independence. Respite sits (day and night) are also provided to afford carers a break. Most referrals are made by the Western HSC Trust although a few service users pay privately or use direct payments, or the independent living fund to supplement their statutory care package.

Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the Derg Valley Care was an unannounced care inspection dated 7 October 2014. The completed QIP was returned and approved by the care inspector.

5.1 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15(6)(d)	The registered person/manager is required to revise their 'Handling Service Users Monies' procedure to remove the reference to collection of pension allowances and include guidance for staff regarding the emergency shopping process for occasional shopping tasks outside of care plan tasked shopping.	Met
	Action taken as confirmed during the inspection: The 'Handling Service Users Monies' procedure viewed had been updated November 2014 and guidance had been provided to staff regarding emergency shopping.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Minimum Standard 5.2	The registered person/manager is recommended to expand their procedure on 'Restraint' to include the use of various types of restraint; their management plans/risk assessments and the frequency of review of same. The registered person/manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.	Met
	Action taken as confirmed during the inspection: Records evidenced that their procedure on 'Restraint' had been expanded in October 2014 to include all elements required. Records evidenced that relevant care plans and risk assessments relating to the area of restraint were in place.	
Recommendation 2 Ref: Minimum Standard 8.14	The registered person/manager is recommended to ensure service user care plans and risk assessments accurately reflect their current needs in relation to financial assistance where appropriate.	Met
	Action taken as confirmed during the inspection: Records evidenced that currently no service users are in receipt of financial assistance by agency staff.	

5.2 Theme 1: The views of service users and their carers / representatives shape the quality of services provided by the agency

Is Care Safe?

Service user referral information received from HSC Trust social workers via the brokerage system contained limited information regarding service user and/or representative's views. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visit at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits or by telephone.

The documentation relating to six service users were reviewed by the UCO during the home visits. Four files contained a copy of the service user's care plan and risk assessment which were accurate and contained basic information regarding the service user's condition, however it was noted that one file did not have a completed risk assessment and the care plan was out of date. The risk assessment for another service user contained out of date information. These areas were discussed with the registered manager during the inspection and requested for attention.

The UCO reviewed the agency's log sheets relating to six service users and a number of issues were noted; namely that the records were not being consistently completed, the time of some calls had not been recorded and the carers were not consistently recording their full signature. This area discussed with the registered manager during the inspection and requested for attention.

The UCO was advised that new carers are usually 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 the carer's knowledge of the care that is required.

Example of a comment made by a service user or their relative below:

- "Couldn't do without them."

Staffs interviewed on day of inspection were able to describe aspects of care provision which reflected their understanding of service user's choice, dignity, and respect. Staff confirmed that record keeping was a regular topic discussed during team meetings, and that this area was checked during monitoring visits.

The most recent monthly monitoring reports reviewed evidenced working practises are being systematically reviewed. However, they did not identify issues regarding inconsistent record keeping by care staff as found during UCO home visits and has been recommended for review.

Overall on the day the inspector found that care delivery was safe. However a number of areas were identified for improvement.

Is Care Effective?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Derg Valley Care. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

The majority of the people interviewed by the UCO had not made any complaints to the agency and were aware of whom they should contact if any issues arise. Management visits take place on a regular basis to discuss the care being provided by the carers; however the majority of the people interviewed were unable to confirm that observation of staff practice had taken place in their home or that they had received a questionnaire from the agency.

Staff records viewed confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis. One record identified a staff practise issue which had been addressed with the staff member through retraining and monitoring with no reoccurrence of the matter.

Service user records viewed in the agency office evidenced that the agency carries out care reviews with service users at least twice a year, or when changes to their needs were identified. The agency maintains a communication log for each service user where details of requests for changes are noted along with actions taken. Subsequent records viewed confirmed requests had been accommodated by the agency or forwarded to the social worker for their consideration. One service user record found their request for agency staff assistance with shopping had been declined by the social worker.

Records confirmed that annual surveys had been sent to all service users and their feedback was being collated into an annual quality report due for issue in May 2015.

The complaints records sampled during inspection were found to be appropriately detailed and demonstrated the actions taken to resolve the matters in a timely manner.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided and these had been shared with staff at team meetings and individually.

Examples of some of the comments made by service users or their relatives are listed below:

- "Absolutely no concerns."
- "If there are any concerns with my XXX the carers let me know."

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence, choices and respect.

Overall on the day of inspection the inspector found the care to be effective.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate.

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included an understanding of dementia and how to encourage the service user, and working with service users with limited verbal communication and mobility.

It was good to note that service users or their representatives are given the opportunity to comment on the quality of service during home visits.

Example of a comment made by a service user or their relative below:

- "First class. Would give my carer 120%."

Both staff interviewed confirmed that service users' views and experiences are taken into account in the way service is delivered.

Overall on the day of the inspection we found the care to be compassionate.

Areas for Improvement

Two areas for improvement were identified within this theme.

Regulation 21 (2)

The registered person shall ensure that a copy of the service user plan and risk assessment with a detailed record of the prescribed services provided to the service user are kept at the service users home and that they are kept up to date, in good order and in a secure manner.

Minimum Standard 5.6

All records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.

Number of Requirements	1	Number of Recommendations:	1
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5.3 Theme 2: Management systems and arrangements are in place that support and promote the quality of care services

Is Care Safe?

A range of management systems, policies and processes relating to communication channels with service users and their relatives were viewed. These included daily contacts, on call arrangements and management of missed calls. Where relevant, records confirmed that information had been communicated to the commissioning trust via telephone calls and emails. Two relatives informed the UCO that they had made complaints regarding missed calls and consistency of carers; they were satisfied with the outcome. One relative has an ongoing issue regarding the agency not advising of cover arrangements when their regular carer is off; this matter was discussed with the registered manager and recommended for attention.

Overall on the day of the inspection the inspector found the care to be safe.

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer had been significantly delayed. There was currently no problem with calls being missed by the agency. However it was noted by the UCO through review of the agency's log sheets that there are occasions when there is a variation in call times.

Records relating to the management of missed calls and late calls to service user were reviewed during inspection. In the majority of cases these were found to have been appropriately managed. However one complaint relating to missed calls received by an on-call manager during a weekend had not been followed up in a timely manner. This area was discussed with the registered person and has been addressed.

The registered person explained that on occasions, calls were noted as 'missed' when in fact the service user had not been home, but the agency had not been informed by the social worker / hospital discharge team or family.

Staff interviewed confirmed that they felt supported by senior staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home.

Overall on the day the inspector found that care delivery was effective. However an area was identified for improvement.

Is Care Compassionate?

During UCO contacts, no concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

Example of a comment made by a service user or their relative below:

- "It would be really good if the agency could let me know who will be covering when my carer is off."

Overall on the day of the inspection the inspector found the care to be compassionate.

Area for Improvement

One area for improvement was identified within this theme.

Regulation 14 (a)

Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—

(a) so as to ensure the safety and well-being of service users.

Number of Requirements	1	Number Recommendations:	0
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5.4 Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with one report received during the past year. Review of this vulnerable adult incident report evidenced the matter had been appropriately recorded and report to RQIA and the referring HSC Trust within appropriate timeframes.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in Derg Valley Care agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within Derg Valley Care.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 21 (2)	<p>The registered person shall ensure that a copy of the service user plan and risk assessment with a detailed record of the prescribed services provided to the service user are kept at the service users home and that they are kept up to date, in good order and in a secure manner.</p>
To be Completed by: June 2015	<p>Response by Registered Manager Detailing the Actions Taken: The Risk Assessment Home visitor inspects care-plans and documentation in the service-user's home to ensure it is accurate, current and reflects the service provided. The Domiciliary Manager has requested updated care plans and risk assessments from the commissioner, where the information held on file is scant or out of date. 66 staff at a staff update meeting and 42 service-users/ relatives at a service-user meeting were updated by the Registered Provider on the inspection outcomes. The matter of out of date care-plans was again reinforced. From this, one careplan has been identified for action and commissioner has been contacted</p>
Requirement 2 Ref: Regulation 14 (a)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided— (a) so as to ensure the safety and well-being of service users.</p>
To be Completed by: June 2015	<p>Response by Registered Manager Detailing the Actions Taken: 66 staff attended a staff briefing about the inspection outcomes and were advised of their responsibility for their own, peer and service-user safety, including raising awareness that missing a call is considered a disciplinary matter. The Domiciliary Manager has contacted Social Workers to request that the agency be advised of hospitalisation and discharge to avoid missed calls and nugatory calls. A process has been put in place whereby the Domiciliary Manager will be informed by the person on call of situation changes out of hours to ensure appropriate, effective and immediate follow-up.</p>
Recommendations	
Recommendation 1 Ref: Minimum Standard 5.6	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.</p>
To be Completed by: July 2015	<p>Response by Registered Manager Detailing the Actions Taken: 66 staff attended a staff briefing about the inspection outcomes and were advised of their responsibility for completing care-given sheets to reflect duties carried out. These are checked by the Risk Assessment Home visitor on visits to ensure correct completion. Care-given sheets returned to the office are recorded in a record binder and checked by the Risk Assessment Officer for accuracy, completeness and compliance. Service-users were asked to allow carers access to white binders and helped to understand the purpose of care-given sheets.</p>

Registered Manager Completing QIP	Maureen McKeague	Date Completed	5/6/15
Responsible Person Approving QIP	Maureen McKeague	Date Approved	5/6/15
RQIA Inspector Assessing Response	Caroline Rix	Date Approved	23/06/15

**Please complete in full and return to RQIA agencies.team@rqia.org.uk*