

Unannounced Care Inspection Report 10 March 2017



Derg Valley Care

Type of Service: Domiciliary Care Agency
Address: 5 - 7 Parkview Road, Castlederg BT81 7BN
Tel No: 02881670764
Inspector: Lorraine O'Donnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Derg Valley Care took place on 10 March 2017 09:30 to 16:00.

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

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. However, all staff had not received supervision as outlined in the agency's policy on supervision and appraisal. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. However, the agency safe guarding policy and service users' guide did not reflect current regional guidance "Adult Safeguarding Prevention and Protection in Partnership", July 2015.

Is care effective?

During the inspection the inspector found evidence which indicated delivery of effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users and/or their representatives are closely involved in the development of care and support plans which are appropriately reviewed. However, the records were not consistently dated and one care plan viewed in a service user's home required updating. The agency maintains effective communication with service users, relatives and key stakeholders, including the HSC Trust. The quality monitoring arrangements include consultations with service users, their representatives and the HSC Trust, and provide a thorough system of audit and service improvement. The User Consultation Officer (UCO) and inspector received feedback from service users, representatives and staff, which indicated that they were very satisfied with the care and support they received from the agency.

Is care compassionate?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring are in line with regulations and standards. The agency maintains systems to seek the views of service users' representatives and there was evidence of regular involvement of representatives in the development and review of appropriate care and support plans.

Is the service well led?

During the inspection the delivery of a well led service was found. Management and governance systems have been effectively implemented by the agency to ensure that the needs of service users are met and quality improvement systems are maintained. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has a working knowledge of the needs of service users at all times.

The inspector noted evidence of effective team working to the benefit of service users. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Maureen McKeague, the registered manager (acting), as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 April 2015.

2.0 Service details

Registered organisation/registered person: Derg Valley Care Ltd/Maureen Dorothy Florence McKeague	Registered manager: Maureen Dorothy Florence McKeague (Acting)
Person in charge of the service at the time of inspection: Maureen Dorothy Florence McKeague(Acting)	Date manager registered: Maureen Dorothy Florence McKeague (Acting)

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous quality improvement plan
- Record of notifiable events for 2015/2016
- Record of complaints forwarded to RQIA

Prior to the inspection the UCO spoke with five service users and four relatives, either in their own home or by telephone, on 15 and 16 September 2016 to obtain their views of the service.

The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals

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

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

- Discussion with the registered manager (acting)
- Consultation with two members of staff
- Examination of records
- File audits
- Evaluation and feedback

The following records were examined during the inspection:

- Recruitment policy and procedure
- Two recently recruited staff members' records
- Three longer term staff recruitment records
- Induction policy and procedure, programme of induction and supporting templates
- Two recently recruited staff members' induction and training records
- Training and development policy and procedure
- Staff supervision and appraisal policy and procedures
- Three long term staff members' quality monitoring, supervision, appraisal records
- Three long term staff members' training records
- Staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Two trust contract compliance reports
- Two new service user records regarding referral, assessment, care planning and review
- Two long term service user records regarding review, reassessment and risk assessment
- Two long term service users' quality monitoring records
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three monthly monitoring reports
- Annual quality report 2016
- Three emails to trust professionals/keyworkers regarding changes to service users' care.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; two were returned. Feedback received by the inspector during the inspection process is included throughout this report.

4.0 The inspection

Derg Valley Care is a domiciliary agency based in Castlederg, providing care to 218 service users in the West of Northern Ireland. Service users include older people, people with physical disabilities, mental health needs and learning disabilities. Services are provided by 146 care staff.

Discussions with the staff and service users provided evidence of positive outcomes for service users; details of which have been included within this report.

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

4.1 Review of requirements and recommendations from the last care inspection dated 16 April 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21 (2) Stated: First time	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.	Partially Met
	Action taken as confirmed during the inspection: As part of the home visits, the UCO reviewed the agency's documentation in relation to six service users and it was noted that one care plan required to be updated.	
Requirement 2 Ref: Regulation 14 (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspector viewed records indicating the agency had not missed any calls. During discussions the UCO had with service users and their relatives they confirmed they had not had any missed calls. The manager also informed the inspector they had conducted a missed calls audit.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Minimum Standard 5.6 Stated: First time	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.	Not Met
	Action taken as confirmed during the inspection: As part of the home visits, the UCO reviewed the agency's documentation in relation to six service users and it was noted that one care plan required to be updated. The records viewed by the inspector during the inspection were not consistently dated.	

4.2 Is care safe?

The agency's registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The inspector also viewed the Service Users' Guide which made reference to earlier adult safeguarding guidance and therefore required updating to reflect current regional guidance relating to 'Adult Safeguarding Prevention and Protection in Partnership', July 2015.

During the inspection staffing arrangements were reviewed by the inspector. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards. Two files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. The staff who participated in the inspection described their recruitment and induction training processes in line with those found within the agency procedures and records. The agency has an appropriate induction and support mechanisms in place for staff working on a temporary basis.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults, which did not reflect the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership', July 2015. Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse. The manager discussed the agency's response to safeguarding concerns and their role in working with the HSC Trust during the completion of an investigation. However, the manager has yet to receive information from the HSC Trust in relation to the closure of one investigation. During the inspection the manager contacted the Trust requesting an update.

The agency's whistleblowing policy and procedure was found to be satisfactory. The care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practise and their understanding of the agency's policy and procedure on whistleblowing.

Records of training and staff feedback indicated that staff had attended a range of training necessary to meet the needs of service users. The supervision records viewed by the inspector indicated staff had not received supervision as outlined in the agency's supervision and appraisal policy.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed. However, not all staff had received supervision in accordance with the policy maintained by the agency.

Service user referral information received from the HSC Trust staff contained information regarding the service user and/or their representatives. The inspector examined three support plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated. Records of risk assessments are completed with each service user, regularly evaluated and reviewed.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

Of the two staff questionnaires returned, both indicated a high level of satisfaction with this service.

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 Derg Valley Care. 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 care 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:

- "No concerns whatsoever."
- "First class. Couldn't fault them."
- "The girls contact me if there are any concerns."

Areas for improvement

Three areas for improvement were identified during the inspection relating to: staff must have recorded formal supervision meetings in accordance with agency procedures; and the Service Users' Guide and Safeguarding Policy require updating to reflect current regional guidance.

Number of requirements	0	Number of recommendations	3
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4.3 Is care effective?

Service user records viewed included referral information received from the HSC Trust care bureau and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant risk assessments. The agency risk assessments completed by staff during their initial service visits contained evidence that service users' and/or representatives' views had been obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters. The inspector noted that quality monitoring reports documented positive feedback regarding the quality of service provision, from service users, relatives and an HSC Trust professional.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to the management staff if any changes to service users' needs are identified. However, the care plans viewed by the inspector were not consistently dated and the UCO found one care plan required updating. Staff interviewed and records viewed during inspection confirmed ongoing monitoring/spot checks were being completed by their manager to ensure effective service delivery.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. The inspector viewed the records of staff meeting which indicated staff were updated regarding service users' needs.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding 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 advised the UCO that they were usually introduced to new carers by a regular carer or supervisor. They also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Derg Valley Care were raised with the UCO. All of the service users and relatives advised that home visits have taken place as well as being involved in Trust reviews regarding their care package. Some of the service users and relatives interviewed also confirmed that they had received questionnaires from the agency to obtain their views on the service.

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

- "Can't fault them."
- "I get on well with them."
- "We have a laugh together."

As part of the home visits, the UCO reviewed the agency's documentation in relation to six service users and it was noted that one care plan required to be updated.

Areas for improvement

Two areas for improvement were identified during the inspection relating to ensuring records are dated and accurately reflect up to date information.

Number of requirements	1	Number of recommendations	1
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4.4 Is care compassionate?

The staff spoken to on the day of inspection described to the inspector that values including privacy, dignity, independence and choice, form an important part of care provision. The inspector noted that staff were reminded of the importance of maintaining confidentiality and setting boundaries in relationships with service users.

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

- "I like the confidentiality as many of the carers and clients are local."
- "Very friendly."
- "Very content with the care."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately.

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.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Staff confirmed that they had access to the agency's policies and procedures. The inspector confirmed the agency had arrangements for policies and procedures to be reviewed at least every three years.

The inspector reviewed three monthly monitoring reports completed in 2016/17. The reports reflected feedback from service users, staff and commissioners.

The care workers interviewed indicated that they felt supported by senior staff that were described as approachable and always available. The on-call system in operation was described as invaluable to them for sharing concerns, seeking advice but also as a support and reassurance outside office hours. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users. The two staff who completed and returned questionnaires indicated a high level of satisfaction with this service.

Discussion with the acting manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Review of one reportable incident which had occurred since the previous inspection confirmed appropriate procedures in place.

The inspector found that the agency operates an effective training system. It was noted that senior staff are available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated that they are confident that the manager would listen and respond to their concerns.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures. The inspector confirmed the agency had arrangements for policies and procedures to be reviewed at least every three years.

The agency maintains and implements policy relating to complaints and compliments. The inspector noted that three complaints were received during the reporting period of 01 April 2015 to 31 March 2016 and records indicated they were investigated and satisfactorily resolved.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. Staff that provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders which are valued by staff.

All of the service users and relatives interviewed by the UCO confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

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

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 21(2) Stated: Second time To be completed by: Immediate from the date of inspection	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.
	Response by registered provider detailing the actions taken: The information contained in this report is to be shared with all staff in May Mandatory Training. Supervisors were informed of this urgent issue on the day of the inspection and spot checks will verify adherence
Recommendations	
Recommendation 1 Ref: Standard 5.6 Stated: Second time To be completed by: immediate from the date of inspection	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.
	Response by registered provider detailing the actions taken: Supervisors were informed of the need to ensure records are dated by hand at time of completion (the preprinted form lacks a date field) and accurately reflect the referral information and any changes on the day of the inspection and spot checks will verify adherence
Recommendation 2 Ref: Standard 2.3 Stated: First time To be completed by: 10 May 2017	There are systems in place to ensure the service user is provided with up-dated documents contained in the service users' guide.
	Response by registered provider detailing the actions taken: Revised service user guides are being supplied at review and pre commencement visits. These reflect std 14.1 amendments.
Recommendation 3 Ref: Standard 14.1 Stated: First time To be completed by: 10 May 2017	The procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.
	Response by registered provider detailing the actions taken: The safeguarding policy has been updated to reflect current regional guidance ASPPP July 2015. The service users guide reflects this and an Adult Safeguarding Champion has been appointed.

<p>Recommendation 4</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: immediate from date of inspection.</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Response by registered provider detailing the actions taken: The policy wording has been amended to reflect the current satisfactory process of one annual appraisal plus one observation (which also provides an opportunity for supervision) and two individual supervisions per annum, taking account that staff additionally receive three group supervision opportunities p.a. at mandatory training events.</p>
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