



The **Regulation** and
Quality Improvement
Authority

Clogher Care Homecare Agency
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**Unannounced Care Inspection
of
Clogher Care Homecare Agency**

30 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 30 March 2016 from 09.45 to 14.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. 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	0	3

The details of the QIP within this report were discussed with Vivien Clarke, the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Clogher Care Homecare Agency/Vivien Clarke	Registered Manager: Vivien Clarke
Person in Charge of the Agency at the Time of Inspection: Vivien Clarke	Date Manager Registered: 20 January 2009
Number of Service Users in Receipt of a Service on the Day of Inspection: 70	

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
- Record of notifiable events for 2014/2015

The User Consultation Officer (UCO) spoke with one service user and four relatives by telephone on 12 October 2015 to obtain their views of the service. The service users interviewed live in Kesh and surrounding areas and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Housework

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Three service user records in respect of the trust review process
- Staff meeting agenda and minutes
- Three staff supervision and appraisal records
- Staff rotas
- Complaints and compliments received by the agency
- Service user daily log records
- On call rota
- Three records detailing communication with trust professionals

The inspector distributed questionnaires to staff during the inspection. Six of these were returned to RQIA by agency staff. On the day of inspection the inspector met with two care staff to discuss their views regarding care provided within the agency; staff training; and staff's general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 14 April 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Recommendations		Validation of Compliance
Recommendation 1 Ref: Minimum Standard 8.1	The registered manager is recommended to expand the 'Management, Control and Monitoring' policy and procedure to include the roles and responsibilities of each grade of staff.	Met
	Action taken as confirmed during the inspection: The inspector viewed the 'Management, Control and Monitoring' policy and procedure which had been updated and now included the roles and responsibilities of each grade of staff.	
Recommendation 2 Ref: Minimum Standard 5.6	The registered manager is recommended to ensure that staff completes the service user daily records fully.	Partially Met
	Action taken as confirmed during the inspection: The inspector viewed a number of agency records which had been completed by care staff; these records did not consistently contain the full signatures of staff. The registered manager informed the inspector this had been discussed with staff during staff meeting. The manager has agreed to completing an audit of care records during client home visits.	

5.3 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 Health and Social Care (HSC) Trust commissioners contained information regarding service user and/or representatives' views and a service user care plan. . The agency care plans and risk assessments completed at service commencement contained evidence that service users and/or representatives' views had been obtained and incorporated; these care plans were person centred. The three service user files reviewed contained a copy of the service users' care plans and risk assessments. These were noted to be accurate, up to date and included basic information regarding the service users' conditions. The agency's log sheets in the four files reviewed were being completed appropriately by the carers, however there were a number of records that did not consistently contain the full signatures of care staff. A recommendation relating to this will be restated for a second time.

The UCO was advised that service users are usually informed of the name of new carers; this was felt to be important in terms of the service user's security.

Feedback from the two staff on the inspection day indicated staff felt care delivery was safe. The two staff who participated in the inspection confirmed they had received observation of their practice by managers from the agency, and had received training to assist them in supporting and attending to the needs of service users. The six staff who completed and returned questionnaires indicated they were satisfied with the training they received from the agency.

Is Care Effective?

The registered manager advised the inspector that service users are invited to complete an annual questionnaire to obtain service user/representative views of the care and support they have received.

The agency's annual report was available and the inspector was assured by the registered manager the report had been shared with service users and the HSC Trust.

The inspector discussed the agency's complaints procedure with the two staff members who participated in the inspection. These individuals demonstrated a clear understanding of the complaints procedure and confirmed they had received training relating to dealing with complaints. The inspector was informed that the agency had not received any formal complaints.

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise.

The UCO was also informed questionnaires are sent out by the agency to obtain the views of service users or their representatives. Management visits are taking place on a regular basis to discuss their care; however only one person interviewed was able to confirm that observation of staff practice had taken place. Records of these visits and staff observation were available in the agency office.

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 and choices. Five of the staff who returned questionnaires to RQIA indicated that the time allocated to service users was not adequate to fully engage with the service users from the service users' perspective, however the staff indicated they did talk and listen to the service users albeit in a time limited manner.

The most recent monthly monitoring reports were not available during inspection. The registered manager informed the inspector these reports were completed by a senior carer. The inspector requested that the registered manager submit to RQIA the monthly reports for November 2015, December 2015, January 2016 and February 2016 for review by the inspector. These reports were forwarded to the inspector following the inspection and they each contained the views of service users, their representatives and staff in relation to the quality of the service provided by the agency.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the staff from the Clogher Care agency. Service users/representatives placed great importance on the benefit of care being provided by consistent carers as it enables a good

relationship to develop; the inspector was informed by staff that this is accommodated by the agency as far as possible.

No concerns were raised 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 supported to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- “It gives the family peace of mind to know that the carers check on my XXX and will contact me if anything is wrong.”
- “Perfectly happy with the service.”
- “My XXX doesn’t like strangers calling; the consistency of carers is great.”
- “No complaints at all.”
- “Very happy with them.”

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 staff knowledge of working with service users with learning disabilities and limited mobility.

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, through telephone or surveys received from the agency.

Areas for Improvement

There were no areas for improvement identified for theme 1.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 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 were in operation within the agency to ensure communication channels with service users and their relatives were maintained. Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails, and evidence of these communications was provided during the inspection.

The inspector met with two staff during the inspection and these staff informed the inspector of the actions to be taken by them if a care call at a service users’ home was missed. The registered manager informed the inspector that service users were also given details of who to contact if they had any missed calls or concerns relating to the quality of the service. The agency did not maintain a policy outlining a missed calls procedure and the actions to be taken by staff if they miss a call. One service user’s representative informed the UCO they were not satisfied with the time of calls, this was discussed with the registered manager during the inspection. Records indicated the service user had received regular home visits from management staff and they had not raised any concerns or report dissatisfaction. The

registered manager informed the inspector the times allocated were as agreed at the time the service was commenced.

The inspector viewed the training records for staff; these records indicated that a number of the staff had not received fire safety and infection control training in accordance with the RQIA Guidance in relation to Mandatory Training for Providers of Care in Regulated Services.

Is Care Effective?

Procedures in place for staff quality monitoring and supervision were reviewed during inspection. The inspector viewed the records of three care staff; these staff had not received supervision and appraisal in accordance with the agency's policy.

Staff interviewed confirmed that they felt supported by senior staff. The staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or were unable to gain access a service user's home. The registered manager informed the inspector that staff were contacted by phone about changes that occur. The staff who participated during the inspection also confirmed they receive information by phone to update them or draw their attention to specific issues.

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 has been significantly delayed. The people interviewed also advised that they had not recently experienced any missed calls from the agency.

Is Care Compassionate?

As previously detailed under theme one of this report, the service users and the relatives spoken with highlighted service quality in general to be good with appropriately trained and skilled staff who delivered compassionate care.

Areas for Improvement

The areas for improvement identified were:

- It is recommended that staff have recorded formal supervision meetings in accordance with the procedures
- It is recommended that mandatory training requirements are met

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

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

The registered 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 manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5.6</p> <p>Stated: Second time</p> <p>To be Completed by: Immediate from the date of inspection</p>	<p>The registered manager is recommended to ensure that staff complete the service user daily records fully.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered manager will ensure staff will complete the service user daily records fully. This will be brought to their attention and emphasized at the next training session on Monday 16 May 2016.</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be Completed by: 30 May 2016</p>	<p>It is recommended that staff Mandatory training requirements are met in accordance to the required RQIA mandatory training guidance.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A training session has been planned for 16 May 2016 incorporating, Infection Control, Fire Safety and Food Hygiene.</p>
<p>Recommendation 3</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from the date of inspection</p>	<p>Staff have recorded formal supervision meetings In accordance with the procedures.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A formal supervision meeting will be held at the next training session on Monday 16 May 2016 and will continue on a twice yearly basis.</p>

Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Lorraine O'Donnell	Date Approved	15/05/16

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