

# Unannounced Domiciliary Care Agency Inspection Report 14 April 2016



## Down Community Care

**Address: 46 / 48 Kildare Street, Ardglass, BT30 7TR.**

**Tel No: 02844842606**

**Inspector: Caroline Rix**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Down Community Care took place on 14 April 2016 from 09.50 to 15.40 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the 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. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. No areas for quality improvement relating to safe care were identified during this inspection.

### **Is care effective?**

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 were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement relating to effective care were identified during this inspection.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement relating to compassionate care were identified during this inspection.

### **Is the service well led?**

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. 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.

However, two recommendations for improvement have been made. The agency's Statement of Purpose should be expanded to include the qualifications of the registered manager and an updated organisational structure. The Service Users' Guide should be updated to contain the manager and organisational information and shared with all service users.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sammie-Jo Ward, registered manager, 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

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organization/registered person:</b> Down Community Care Ardglass/ Susan Virginia Ward	<b>Registered manager:</b> Sammie-Jo Ward
<b>Person in charge of the agency at the time of inspection:</b> Sammie-Jo Ward	<b>Date manager registered:</b> 18 November 2015

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report

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

- Discussion with the registered manager
- Consultation with four staff
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and four relatives, either in their own home or by telephone, on 11 and 13 April 2016 to obtain their views of the service. The service users interviewed reported that they received assistance with the following:

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

On the day of inspection the inspector met with four care staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Three completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Three trust care review meeting records
- One staff recruitment and induction record
- Staff training schedule and records
- Four staff quality monitoring records
- Staff duty rotas for 4 April to 17 April 2016
- Minutes of staff meetings held December 2015 and February 2016
- Service user compliments received from April 2015 to March 2016
- Complaints records
- Monthly monitoring reports for January to March 2016
- Annual quality report 2015
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Manager's daily contact log records/on call logs for February and March 2016
- Record of incidents reportable to RQIA in 2015/2016

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 April 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 13 April 2015

There were no requirements or recommendations made as a result of the last care inspection.

### 4.3 Is care safe?

The agency currently provides care and support to 149 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training, and found to be in compliance with relevant regulations and standards.

One file was sampled relating to a recently appointed care worker which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with this staff member. A competency assessment had been carried out with this new care worker and subsequent supervision records maintained. One of the four care staff interviewed, who had commenced employment within the last year, described her recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

The UCO was advised by all of the service users/relatives interviewed that there were no concerns regarding the safety of care being provided by Down Community 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 the carer's knowledge of the care required.

No issues regarding the carers' training were raised with the UCO; service users/relatives discussed examples of care delivered by staff that included manual handling, use of equipment and supporting service users suffering from dementia. All of the service users/relatives interviewed confirmed that if they had a concern they could approach carers and/or office staff. Examples of some of the comments made by service users/relatives are listed below:

- "Get on well with them; couldn't do without them."
- "The girls do anything I want."
- "Well pleased with the carers."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their 'Protection of Vulnerable Adults' policy and procedure

provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered manager who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

Each of the four care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. Staff questionnaires received by the inspector confirmed that staff had received safeguarding update training.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agencies policies and procedures.

A sample of four service user files confirmed that a member of agency management team had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager confirmed that the agency is usually invited to contribute either in writing or to attend the commissioning trust care review meetings with service users/representatives.

The agency's registered premises included a suite of offices and staff facilities suitable for the operation of the agency as set in the Statement of Purpose. Records management arrangements within the agency supported the view that appropriate storage and data protection measures were being maintained.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

#### **4.4 Is care effective?**

The UCO was informed by the service users and relatives interviewed that there were some variations regarding carers' timekeeping but that care was not felt to have been rushed. The service users/relatives interviewed also advised that they had not experienced any missed calls from the agency.

Service users reported that they were normally introduced to, or advised of the name of, new carers by a regular carer or supervisor. It was also confirmed that new carers had been made aware of the service users' care needs.

Service user records viewed in the agency office included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users and/or representative's views had been obtained and where possible, incorporated. One service user file contained details relating to inconsistent call times experienced during March 2015. This area had been addressed by the agency, and subsequent quality monitoring visits between June 2015 and January 2016 indicated that timekeeping was no longer an issue. The most recent feedback from this service user was noted as: 'Very happy with the care I receive'.

The majority of service users/relatives confirmed that management from the agency carry out regular home visits and phone calls and they also received satisfaction questionnaires from Down Community Care asking for their views on the service. One service user indicated they had not received a satisfaction questionnaire; however, the registered manager confirmed this was because questionnaires are sent annually and this service user had been in receipt of services for only a few months.

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

- "They contact us if they are going to be late."
- "Very happy with the service."
- "Inform me of any concerns with my XXX."

Service user records evidenced that the agency completed monitoring visits with service users three monthly and telephone contacts monthly, along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and trust care managers, where changing needs were identified and reassessments resulted in amended care plans.

The agency had completed an annual quality review report for 2015, with a summary report of findings and improvements planned. The registered manager confirmed the summary report had been provided to all service users during August 2015. The content of the annual quality review report was found to contain feedback from a variety of stakeholders. The registered person and registered manager had completed an annual service review and report in February 2016 which the inspector discussed with the registered manager. The report indicated an on-going quality review process was embedded within the organisation, and is to be commended.

The agency's policy and procedure on 'Recording and reporting care practices' was viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff. No issues regarding record keeping had been identified.

The registered manager confirmed ongoing discussion of records management during staff team meetings and during training updates. Discussions with staff during the inspection supported ongoing review of this topic. Minutes of staff meetings viewed for December 2015 and February 2016 confirmed this area had been discussed.

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 questionnaires received by RQIA indicated that staff received frequent monitoring/spot checks by their manager, along with quarterly supervision sessions and an annual appraisal.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Service users and relatives spoken to by the UCO and staff spoken with during the inspection suggested the agency had appropriate staffing levels in various roles to meet the needs of their service user group.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

#### **4.5 Is care compassionate?**

All of the service users/relatives interviewed by the UCO felt that care was compassionate, that carers treat them with dignity and respect, and care was not being rushed. Service users/relatives reported that as far as possible, they were given choice in regards to meals and personal care.

Views of service users and relatives were sought through home visits, phone calls and questionnaires on a regular basis to ensure satisfaction with the care being provided. Examples of some of the comments made by service users or their relatives are listed below:

- “The girls are all polite and friendly. Get on well with my XXX.”
- “My XXX enjoys the banter with the carers.”
- “Consistency is good as they have become like part of the family.”

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed by the inspector, a number of staff practice issues were identified during spot checks and monitoring visits which related to staff not wearing their identity badge. The records reflected that this issue had been appropriately addressed by the agency. It was good to note positive comments from service users had been recorded on their monitoring records.

The agency's compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and at team meetings.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘I am very thankful for all the care your staff gives me.’ (Thank you note dated December 2015)
- ‘I would like to thank the staff who go that extra mile; the visits to McDonalds are his favourite time.’ (Thank you card November 2015).



Staff interviewed on the day of inspection described aspects of care provision which reflected their understanding of service user choice, dignity, and respect.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

#### **4.6 Is the service well led?**

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager Sammie-Jo Ward, the office manager and senior care staff care workers provide domiciliary care and support to 149 people living in their own homes.

Discussion with the registered manager and staff interviewed indicated they understood the organisational structure within the agency, and their role and responsibilities.

The Statement of Purpose and Service Users' Guide were reviewed. The contents of both documents are recommended to be updated. The Statement of Purpose should be expanded to include the qualifications of the registered manager and an updated organisational structure. The Service Users' Guide should be updated to contain the revised manager and organisational information.

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 arrangements for policies and procedures to be reviewed, at least every three years, was found to have been implemented with all of the policies sampled reviewed since January 2014.

All of the service users/relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Two relatives informed the UCO that complaints had been made to the agency and that they were satisfied with the outcome.

The complaints log was viewed for 2015 and 2016 to date, with five complaints received. The inspector reviewed two complaint records and found both matters had been appropriately managed and resolved to both of the complainants' satisfaction.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Staff interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. One incident record viewed demonstrated that appropriate action had been taken on receipt of the incident report.

The inspector reviewed the monthly monitoring reports for January to March 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

The registered manager informed the inspector that Down Community Care have applied and are to be assessed for the quality award ISO 9001 in May 2016. This is to be commended, and the value of this additional quality tool was discussed in terms of improving the staff team's knowledge and skills along with keeping abreast of new areas of development.

The four care workers interviewed indicated that they felt supported by senior staff that were described as approachable and helpful. The on-call system in operation was described as extremely valuable to staff seeking advice but also as a support and reassurance outside office hours.

### **Areas for improvement**

Two areas for improvement were identified during the inspection.

The Statement of Purpose should be expanded to include the qualifications of the registered manager and an updated organisational structure. The Service Users' Guide should be updated to contain the revised manager and organisational information.

## **5.0 Quality improvement plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sammie-Jo Ward registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/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.

## **5.1 Statutory requirements**

This section outlines the actions which must be taken so that the registered person/s 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 the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto: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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 June 2016</p>	<p>The registered person should undertake a review of the agency's Statement of Purpose and ensure it is updated to include the qualifications of the registered manager and an updated organisational structure.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has reviewed the Agency's statement of purpose to ensure that it includes the Qualifications of the Registered Manager and an updated organisational structure in accordance with standard 8.7.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 8.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 June 2016</p>	<p>The registered person should ensure that service users are provided with updated manager and organisational structure information.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has updated the information regarding the Managers Qualifications and Organisational structure. All service users will be notified of the change and a copy of the information distributed to each in accordance with standard 8.9 by the completion date.</p>

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews