

# Unannounced Care Inspection Report

## 28 September 2017



## Down Community Care

**Type of Service: Domiciliary Care Agency**  
**Address: 46 / 48 Kildare Street, Ardglass, BT30 7TR**  
**Tel No: 02844842606**  
**Inspector: Lorraine O'Donnell**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Down Community Care is a domiciliary care agency which is based in Ardglass; the agency's 56 staff provides services to 146 people living in their own homes. Staff provide a range of services including personal care, social support and some domestic assistance.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Down Community Care  <b>Responsible Individual(s):</b> Mrs Susan Virginia Ward	<b>Registered Manager:</b> Miss Sammie-Jo Ward
<b>Person in charge at the time of inspection:</b> Miss Sammie-Jo Ward	<b>Date manager registered:</b> 18 October 2011

### 4.0 Inspection summary

An unannounced inspection took place on 28 September 2017 from 09.20 to 16.30.

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

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

Evidence of good practice was found in relation to effective record keeping, audits and reviews, communication between service users and agency staff.

Areas requiring improvement were identified during the inspection; relating to record keeping, staff are required to sign full signatures and complete records in black ink in line with the agency's policy on record keeping.

The comments of service users have been included in the relevant report sections.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Sammie-Jo Ward, the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 14 April 2016**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 April 2016.

#### **5.0 How we inspect**

Prior to inspection the inspector analysed the following records:

- Previous inspection report and Quality Improvement Plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the manager.
- Consultation with five care staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with four service users and four relatives, either in their own home or by telephone, on 08 September 2017 to obtain their views of the service. The service users interviewed have received assistance with personal care and meals.

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

During the inspection the inspector spoke with three care staff to discuss their views regarding care and support 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 manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. However no questionnaires were returned to RQIA.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Three staff members' recruitment records
- Induction policy and procedure
- Incident records
- Records relating to adult safeguarding

- Staff rota information
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Supervision Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Three staff members' induction and training records
- Three staff members' quality monitoring, supervision and appraisal records
- Training matrix
- A sample of service user/staff duty rotas
- Four service users' records regarding referral, assessment and care planning.
- Four service users' records regarding review and quality monitoring
- Two client daily recordings
- The agency's service user guide/agreement
- The agency's statement of purpose
- Agency process for verifying staff Northern Ireland Social Care Council (NISCC) registration
- Four monthly monitoring reports.
- Staff meeting minutes
- Two communication records with trust professionals.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 14 April 2016**

The most recent inspection of the agency was an unannounced care inspection.

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

## 6.2 Review of areas for improvement from the last care inspection dated 14 April 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Standards.		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.7  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The agency's Statement of Purpose had been updated to contain the manager's qualifications and an up to date organisational structure.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.9  <b>Stated:</b> First time	The registered person should ensure that service users are provided with updated manager and organisational structure information.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed all service users have been provided with up to date information relating to the manager's qualifications and organisational structure information.	

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The inspector reviewed that agency's processes in place to avoid and prevent harm to service users this included a review of staffing arrangements in place within the agency.

The inspector examined a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there are robust recruitment systems in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed. The manager could describe the process for obtaining confirmation that new staff are available to commence employment.

The agency's training and development policy outlines an induction programme consisting of three days. The staff confirmed after the classroom based induction they had a period of work shadowing. A record of the induction programme provided to staff is retained by the agency; three records viewed by the inspector detailed the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles. The agency's manager confirmed staff are registered with NISCC.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of individual supervision, group supervision and appraisal.

Staff were aware of their responsibility for ensuring that they had the skills and knowledge to fulfil their job roles and for ensuring that required training updates are completed. It was noted that staff were required to complete required mandatory training and in addition a range of training specific to the needs of individual service users.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and could identify the Adult Safeguarding Champion. It was noted that the organisation has recently updated their policy and procedures to reflect information contained within the policy. Discussions with staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are recorded.

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 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 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 given included manual handling and use of equipment. 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 fault with any of them. Do anything asked of them”.
- “Would give them 100%”.
- “Know them well”.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, training, supervision and appraisal.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was identified from records viewed during inspection that they were maintained in accordance with legislation, standards and the organisational policy.

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trusts. The referrals detailed the services being commissioned and relevant risk assessments. The agency's care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of four service user files viewed confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user's needs were being met. The staff explained that the agency is usually invited to attend the commissioning trust's arranged care review meetings with service users/relatives. They confirmed they receive an amendment form from the trusts detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

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.



The inspector reviewed two completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by the manager. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to the manager if any changes to service users' needs were identified. Staff also demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

Records of quality monitoring visits viewed were noted to include comments made by service users, and where appropriate their representatives. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, record keeping and financial management arrangements.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls recently from the agency. Service users are usually introduced to new carers by a regular carer. Concerns regarding the appearance of one service user were noted by the UCO; the matter was discussed with the registered manager and is to be addressed as appropriate.

No issues regarding communication between the service users, relatives and staff from Down Community Care were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place as well as 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:

- "Quite happy with the service."
- "Peace of mind for my family."
- "Very happy with them."

As part of the home visits the UCO reviewed the agency's documentation in relation to three service users. A number of issues were noted in regards to the agency's log sheets which were discussed with the registered manager. During inspection the inspector reviewed records which evidenced the issues raised by the UCO had been discussed with staff and the manager stated the agency provides black pens for staff to use to complete records.

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to audits and reviews, communication between service users and agency staff.

### **Areas for improvement**

Two areas for improvement were identified during the inspection, the UCO identified issues relating to record keeping, the agency log sheets did not consistently contain full staff signatures and some entries had been completed in blue or red ink which is not in line with the agency's policy.

	Regulations	Standards
Total number of areas for improvement	0	2

### 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

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, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Down Community Care. Examples of some of the comments made by service users or their relatives are listed below:

- “They’re the loveliest girls.”
- “So nice and patient with XXX.”
- “Look forward to the girls coming. I’m very fond of them.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs.

Observation of staff practice carried out within service users’ homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

## 6.7 Is the service well led?

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

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had a clear understanding the responsibilities and requirements of their job roles and who to talk to if they had a concern; they described an 'open door' arrangement. Staff demonstrated that they had an understanding of the agency's whistleblowing policy and could clearly describe the procedure for obtaining support and guidance including the arrangements for out of hours. Staff who met with the inspector stated that the manager is supportive and approachable.

Three support staff spoken with confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users. The inspector was informed by the manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that all staff are registered with NISCC.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards. Staff could describe the procedure for accessing the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The complaints log was viewed for 2016-2017 to date. Review of complaints during inspection supported appropriate processes in place for complaints review and resolution.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed the monthly monitoring reports from May 2017 to September 2017. The reports contained sufficient evidence that the registered person evaluates the quality of services provided in accordance with minimum standards. Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives and relatives. From quality monitoring records viewed the inspector noted positive feedback received the HSCT representatives regarding the ability of the agency to work in partnership. The agency had a number of staff dedicated to staff spot checks and client satisfaction monitoring. Records of these visits were viewed and evidenced any concerns raised by service users during these visited were reported to the manager and actioned.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the service or management were raised with the UCO.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

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

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

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

### 7.1 Areas for improvement

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

### 7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.6  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection	The registered person shall ensure all records are legible, accurate, and up to date and signed by the person making the entry.
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager ensures all records are legible, accurate, and up to date and signed by the person making the entry. This is reinforced at every staff meeting with ALL staff within the company.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection	The registered person shall ensure that all staff are familiar with, and work in line with the agency's policies and procedures.
	<b>Response by registered person detailing the actions taken:</b> The Registered Person ensures that all staff are familiar with, and work in line with the agency's policies and procedures. The company's policy folder is open to All staff to view at any time.



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