

Unannounced Care Inspection Report 12 December 2019



Down Community Care

Type of Service: Domiciliary Care Agency
Address: 46 / 48 Kildare Street, Ardglass, BT30 7TR
Tel No: 02844842606
Inspectors: Michele Kelly and Fionnuala Breslin

www.rqia.org.uk

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 50 staff provide services to 132 people living in their own homes. Staff provide a range of services including personal care, social support and domestic assistance.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 12 December 2019 from 10.00 to 16.15 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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.

There were examples of good practice found throughout the inspection in relation to staff supervision and training and development. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place.

It was evident throughout the inspection that the agency promoted the service users' human rights; staff spoken with were able to give examples of how they upheld these values.

Areas requiring improvement were identified in respect of ensuring full work histories are reviewed before job offers are made; another area for improvement involves ensuring all stakeholders are represented within the annual report.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Sammie Jo Ward, 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 11 May 2018

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 May 2018.

5.0 How we inspect

Prior to inspection the inspectors reviewed the following records:

- previous RQIA pre-registration inspection report
- notifications of incidents
- all correspondence received by RQIA since the previous inspection

During the inspection the inspectors met with the registered manager, office manager and two staff.

At the request of the inspectors, the registered manager was asked to provide a list of names of service users and service users' representatives. Following the inspection one of the inspectors made telephone contact with one service user and three service users' relatives. All responses are reflected in the report.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to in the body of the report.

The registered manager was also asked to distribute 10 questionnaires to service users/relatives. Two responses were received and the outcomes have been reflected in the report.

The inspectors requested that the registered manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

At the request of the inspectors, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

The inspectors would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 11 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 13.3 Stated: First time	The registered person shall ensure staff have recorded supervision meetings in accordance with the agency's procedures.	Met
	Action taken as confirmed during the inspection: The inspectors reviewed supervision records and noted the time frames were in accordance with the agency's procedures.	

6.2 Inspection findings

6.3 Is care safe?

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

The inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The inspectors reviewed two personnel records of more recently recruited staff. These records confirmed that the pre-employment information had been obtained; however the inspectors noted that application forms only requested detail of the employees' last two jobs. To ensure compliance with Regulation 13 and Schedule 3 a full employment history must be obtained; this

matter is an area for improvement. Following the inspection the manager forwarded a revised application form which will be used for future prospective employees.

Rotas viewed by the inspectors confirmed that staffing levels were currently adequate to meet the needs of service users and the agency and the manager confirmed that recruitment was ongoing.

Discussion with the manager confirmed that a record of the induction programme provided to staff is retained; the inspectors viewed two individual staff induction records. These evidenced that staff received an induction lasting a minimum of three days which included topics such as manual handling, health and safety, safeguarding the adult at risk, whistleblowing, infection prevention control and fire awareness.

Discussions with the manager and staff on the day of inspection confirmed that the induction process was appropriate and provided them with the knowledge and skills to fulfil the requirements of their job role. Staff confirmed that new staff shadow experienced workers until they are confident and competent. This practice supports service users to receive a service in which their dignity has been respected i.e. through introductions to new workers prior to service delivery.

The inspectors reviewed the agency's training plans which indicated compliance with the Regulations and Minimum Standards and that staff had appropriate training to fulfil the duties of their role. The manager was aware of the importance of staff being aware of capacity legislation and Deprivation of Liberty Safeguards (DOLS). There was evidence that staff have attended training additional to that outlined within the Minimum Standards and the manager outlined the new electronic training platform which is used in conjunction with face to face training sessions.

The inspectors were advised by all those service users and relatives consulted with, that they had no concerns regarding the safety of care being provided by the agency.

No issues regarding the carers' training were raised with the inspectors by the service users or relatives. All of the service users and relatives consulted with 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 and/or their relatives are listed below:

- "They have been brilliant."
- "I appreciate the carers."

The rota information evidenced that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users' experience of a dignified service.

One relative commented;

- "We have one carer seven days a week, the same carer, we are very lucky."

The inspectors reviewed reporting and management of incidents occurring within the service. The manager maintained a record of all incidents and accidents which had been audited on a monthly basis by the responsible person. A review of a sample of records evidenced that, appropriate management of incidents and follow up actions, including liaison with service users' relatives and the South Eastern Health and Social Care Trust (SEHSCT) representatives was undertaken. The inspectors discussed an issue identified in respect of medication management on the day of inspection and subsequent to the inspection had contact with SEHSCT staff to seek clarification regarding staff responsibilities. Staff spoken with on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk, the ability to balance risk with the wishes and human rights of individual service user and the importance of reporting any issues to their line manager in a timely manner.

Discussions with the registered manager and a review of the agency's safeguarding policy established that the agency have embedded the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 into practice. The manager demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. The agency had an Adult Safeguarding Champion (ASC) identified. There had been adult safeguarding referrals made since the last care inspection and appropriate records had been kept by the agency. The manager confirmed they will be completing a position report by 31 March 2020. Discussions with staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and taking appropriate and timely action when service user's rights are at risk of being breached.

The inspectors noted that staff had completed adult safeguarding and child protection training.

Of two questionnaire responses received from a service user and a relative, both indicated that they were 'very satisfied' that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, risk management.

Areas for improvement

One area for improvement has been identified and refers to ensuring full employment history is obtained and reviewed before job offers are made.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency's Statement of Purpose (2019) and Service User Guide (2019).

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders.

Staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had quality monitoring systems in place; this included consultation with a range of service users, relatives, staff and where appropriate SHSCT representatives.

Service user care records viewed were noted to include referral information received from the relevant HSCT representative; they included risk assessments and care plans. The review of the individual service user care records identified that they were suitably detailed, person-centred and retained securely; they contained a range of assessments completed by the agency such as risk assessments, environmental assessments and a record of the care provided. The service user and relatives who spoke to the inspector on the telephone stated that they were supported to make choices in relation to the care they received and were involved in developing their care plan.

The manager could describe the processes used for supporting service users to be engaged in the care planning and review processes. The inspectors viewed a number of service user care records; it was noted that staff record daily the care and support provided and that records were well maintained.

Records also confirmed that the agency completed regular monitoring visits and spot checks on staff performance. The records evidenced no concerns expressed by the service users during the monitoring visits. These visits identified that service users are individuals and are listened to and their views are valued.

Of two questionnaire responses received from a service user and a relative, both indicated that they were 'very satisfied' that care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

Discussions with the manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. Staff identified the need to communicate meaningfully and sensitively with service users and were respectful of the fact they were working in a service users' homes.

The inspectors discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner.

Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality was maintained and consent obtained at all times. It was noted that the agency's induction programme emphasises the importance of confidentiality when working in service users' homes.

All of the service users consulted with by the inspector felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect. Service users, when possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought by the service through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by agency. Examples of some of the comments made by service users or their relatives are listed Reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders.

Of two questionnaire responses received from a service user and a relative, both indicated that they were 'very satisfied' that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 agency is managed on a day to day basis by the manager, with the support of the responsible individual, the office manager the monitoring officer and a team of care staff. It was identified that the agency has effective systems of management and governance in place. On call arrangements were in operation and staff spoken with raised no concerns in relation to the responsiveness of the management team.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. They contained all information in compliance with the relevant standards and regulations. The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services

A review of a sample of records confirmed that staff were registered with the Northern Ireland Social Care Council (NISCC).

The inspectors discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A review of records confirmed that the monthly quality monitoring visit reports are completed by the responsible person. Monthly quality monitoring visit reports were available to be examined since the last inspection and reflected an audit of working practices, service user and stakeholder views and where appropriate an action plan.

The management of complaints was robust and matters were dealt with in a timely and appropriate manner. There was also evidence of an effective system in place for the audit and follow up of accidents/incidents and records verified appropriate liaison and communication with SEHSCT regarding such matters

The inspectors viewed the agency's annual report which did not include the views of all stakeholders; this matter is an area for improvement.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and in electronic format and were accessible to staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Of two questionnaire responses received from a service user and a relative, both indicated that they were 'very satisfied' that care was well led.

Areas of good practice

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

Areas for improvement

One area for improvement has been identified and involves ensuring all stakeholders are represented in the annual report.

	Regulations	Standards
Total number of areas for improvement	0	1

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, 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 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 Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13 and Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all staff are recruited in accordance with relevant statutory employment legislation. This should include:</p> <p>A full employment history together with a satisfactory written explanation of any gaps in employment must be obtained and reviewed.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager has added the relevant statutory employment legislation to include a full employment history and a written explanation of any gaps in employment to the company's application form.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2020</p>	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager will ensure that the quality of the service provided is evaluated on at least an annual basis and follow up action taken and the relevant stakeholders involved in the process.</p>

Please ensure this document is completed in full and returned via Web Portal



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