

Unannounced Domiciliary Care Agency Inspection Report 19 April 2016



Moneydarragh Flexicare

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Inspector: Amanda Jackson

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Moneydarragh Flexicare took place on 19 April 2016 from 09:30 to 15:30.

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 supported 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 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 have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement 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 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.

No areas for quality improvement were identified during this inspection.

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

Other than those actions detailed in the previous quality improvement plan (QIP) there were no further actions required to be taken following the last inspection.

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Karen Cunningham (registered person and manager) and the agency administrator as part of the inspection process and can be found in the main body of the report.

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

Registered organisation/Registered person: Moneydarragh Flexicare Ltd/Mrs Karen Cunningham	Registered manager: Mrs Karen Cunningham
Person in charge of the agency at the time of inspection: Mrs Karen Cunningham	Date manager registered: 20 February 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report (No QIP);
- Record of notifiable events for 2015/2016;
- User Consultation Officer (UCO) report;
- Record of complaints notified to the agency

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

- Discussion with the registered person/manager and agency administrator;
- Consultation with eleven staff;
- Examination of records;
- File audits;
- Evaluation and feedback

As part of the inspection the UCO spoke with three service users and four relatives, in their own home, on 21 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

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

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

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Two 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:

- Recruitment policy and procedure
- Three recently recruited staff members records
- Induction policy and procedure, programme of induction and supporting templates
- Three recently recruited staff members induction and training records
- Training and development policy and procedure
- Three long term staff members quality monitoring, supervision, appraisal and team meeting records
- Three long term staff members training records
- Two staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- One vulnerable adult report/trust contract compliance report
- Three new service user records regarding referral, assessment, care planning and review
- Three long term service user records regarding review, reassessment and risk assessment
- Three long term service users quality monitoring records
- Quality improvement policy and procedure
- Record keeping and reporting policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three service users home recording records
- Three monthly monitoring reports completed by the registered provider
- 2015 Annual quality report

- Three compliments
- Two staff meeting minutes
- Three emails to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Complaints policy and procedure
- Three complaints records
- Service user bi annual newsletter regarding annual quality survey feedback
- Staff team meeting minutes regarding annual quality survey feedback
- Policies on reporting adverse incidents and accidents.

4.0 The inspection

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

The most recent inspection of the agency was an unannounced care inspection. There were no further actions required to be taken following the inspection.

4.2 Is care safe?

The agency currently provides services to 100 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. The agency incorporates elements of the Northern Ireland Social Care Council (NISCC) induction standards within their induction process. Due to staff not currently requiring to be registered with NISCC this process has not been fully embedded by the agency. The agency manager confirmed plans to register staff in line with NISCC timeframes and at that point will fully implement the NISCC induction standards. Several of the eleven care staff interviewed during the inspection day, had commenced employment within the previous two years. These staff described their recruitment and induction training processes in line 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 Moneydarragh Flexicare. 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 to maintaining the consistency of care to be delivered to the service user.

No issues regarding the carers' training were raised with the UCO; examples of care delivered discussed by service users/relatives included working with people with dementia and supporting people with limited mobility. 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 or their relatives are listed below:

- “It’s a weight off my shoulders to be getting good support with my XXX”.
- “No complaints at all”.
- “Couldn’t be better”.

The agency’s policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance to the required standards. The policy was updated and returned to the inspector following the inspection to 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’). 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. This training is facilitated by outside agencies such as the HSC trust. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision, team meetings/group supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

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

Each of the eleven care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

A sample of three service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency was seldom invited to contribute either in writing or attend the commissioning trust arranged care review meetings with service users/representatives. The agency manager confirmed that trust representatives were contactable when required. The registered manager confirmed the agency complete their own programme of quality monitoring in line with the agency’s policy and procedure and provide feedback to the trust commissioners as necessary. Feedback in this regard was reviewed within several service user files during inspection.

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

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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4.3 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding care being rushed. Some of the service users/relatives advised that there can be variation in call times; the UCO reviewed five log sheets which confirmed that call times can differ. One relative advised that they had experienced a small number of missed calls which had been reported to the agency.

Service users/relatives reported no concerns regarding communication between themselves and the agency carers and office staff. They confirmed that management from the agency carry out regular home visits and phone calls, however they were unable to confirm receipt of a paper questionnaire from the agency. All of the service users or relatives interviewed by the UCO confirmed that they are involved in trust reviews regarding the care package.

Service users also reported that they were normally introduced to new carers by a regular carer. It was also confirmed that new carers are aware of the care required.

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

- “Couldn’t be better looked after”.
- “All great girls”.
- “Couldn’t be any happier”.

The UCO reviewed five of the agency’s folders during the home visits and it was noted that two care plans required to be updated and one folder did not contain a copy of the care plan. All matters raised during the UCO visits were discussed with the registered manager and assurances provided that matters would be reviewed and updated as necessary.

The agency’s recording policy and associated procedures on ‘Record keeping and reporting’ had been revised in 2015. The agency maintained recording templates in each service user’s home file on which care workers recorded their visits. The inspector reviewed three completed records returned from service user’s homes, which confirmed appropriate procedures however the gaps identified during the UCO review of home records were discussed with the registered person/manager and assurances provided that all matters would be reviewed in accordance with the agency’s policy and procedures.

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 are identified. Staff interviewed and questionnaire feedback confirmed ongoing monitoring/ spot checks were being completed by their manager to ensure effective service delivery.

The registered manager confirmed discussion of records management during staff team meetings and during training updates, discussion with eleven staff during the inspection supported ongoing review of this topic. Minutes of staff meetings were reviewed during inspection and supported such updates.

Service user records viewed included referral information received from the HSC Trust care bureau and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant risk assessments. The agency 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. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carries out care reviews with service users six monthly and telephone contacts monthly along with annual questionnaires to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans. The agency also maintain a system of providing updates to trust professionals and evidence of this process was reviewed during inspection.

The agency had completed their annual quality review report for 2015, with a summary report of findings and improvements planned. The registered manager confirmed the summary report is provided to all service users and this was reviewed within the agency bi annual newsletter during inspection. Although feedback is obtained from commissioners and staff this is not currently reflected in the newsletter. The inspector discussed this with the manager. The manager informed the inspector that feedback from commissioners and staff would be detailed in future quality review processes. The inspector reflected that this would be a progressive quality assurance measure.

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

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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4.4 Is care compassionate?

All of the service users/relatives interviewed by the UCO felt that the care they receive is compassionate, carers treat them with dignity and respect, and care is not being rushed. Service users, as far as possible, were given choice in regards to meals and personal care. During the home visits the UCO observed interactions between two carers and one service user and their relative; these were felt to be appropriate and friendly in nature.

The agency ensures that the views of service users and relatives are sought through home visits and phone calls on a regular basis to measure satisfaction with the care being provided by Moneydarragh Flexicare. Examples of some of the comments made by service users or their relatives are listed below:

- “The girls work really well with my XXX”.
- “Really nice girls”.
- “I look forward to them. We have a good laugh”.

Records viewed in the agency office and discussions with staff confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care

The agency implement service user quality monitoring practices on a bi annual basis through home visits alongside monthly phone contact. Quality monitoring from these processes alongside monthly registered person/manager contact (monthly quality reports) and the annual quality review of services evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘XXX would not have been able to stay at home only for your help’. (Thank you card).
- ‘With thanks for all you do’. (Thank you card).
- ‘Thanks for all your care and kindness’. (Christmas card).
- ‘From all the family, for all your care and kindness towards xxx, we are very grateful’. (Thank you card).

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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4.5 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person and manager Mrs Karen Cunningham the agency provide domiciliary care and support to 100 people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

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

The policy and procedure manual was reviewed and contents discussed with the registered person/manager and administrator. 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 consistently.

All of the people interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints procedure viewed was found to be appropriately detailed, including the contact information of independent advocacy services. The complaints information was also reviewed within the service user guide during inspection.

The complaints log was viewed for 2015 and 2016 to date, with a range of complaints recorded. Review of three complaint records supported appropriate review and resolution. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered person/manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No reportable incidents had occurred since the previous inspection.

One commissioning trust contract compliance matter had arisen since the previous inspection and was reviewed during inspection. The matter had been appropriately reviewed by the agency and communicated with the trust; appropriate records had been completed and were held centrally for review.

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

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

Staff also supported that current staffing arrangements are appropriate in meeting service users' needs and this was also reflected in staff questionnaires returned to RQIA.

Ongoing electronic and written communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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No requirements or recommendations resulted from this inspection.

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.



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