



The Regulation and  
Quality Improvement  
Authority

Moneydarragh Flexicare  
RQIA ID: 10776  
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Ballymartin, Kilkeel  
BT34 4PA

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**Unannounced Care Inspection  
of  
Moneydarragh Flexicare**

**13 October 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 13 October 2015 from 09.30 to 14.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Moneydarragh Flexicare/Mrs Karen Cunningham	<b>Registered Manager:</b> Mrs Karen Cunningham
<b>Person in charge of the agency at the time of Inspection:</b> Mrs Karen Cunningham	<b>Date Manager Registered:</b> 20 February 2009
<b>Number of service users in receipt of a service on the day of Inspection:</b> 98	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

**4. Methods/Process**

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report.

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

- Discussion with the registered person/manager.
- Consultation with seven staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with six service users and four relatives in their own home on 7 October 2015 to obtain their views of the service. The service users interviewed live in Kilkeel and surrounding areas and receive assistance with the following:

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

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

The findings from their feedback have been included within the body of this report.

During the inspection the inspector met with seven care staff and their feedback is contained within the body of this report.

Ten staff questionnaires were provided to the registered manager on the day of inspection. She was asked to forward these to a random sample of care staff, to find out their views regarding the service. No staff questionnaires were received following the inspection.

The following records were examined during the inspection:

- Registered person/registered manager training records
- Co-ordinator training records
- Three service user care plans and risk assessment records
- Two service users referral, care plan, risk assessment information

- Two service users review documentation (trust and agency)
- Three service user quality reviews
- Three months of service user phone contact records
- 2014 Annual quality report
- Two contact records with service user family members
- Two trust professional compliments for the agency
- Three family member compliments for the agency
- Three staff quality monitoring records
- A sample of communication records with staff regarding service user changes
- Three monthly monitoring reports
- Staff and service user rota
- Procedure for missed calls
- One missed call record
- Two service user/staff contact/duty records
- Four trust communication records regarding service user changes
- Agency on call leaflet provided to service users.

## **5. The Inspection**

Moneydarragh Flexicare provides domiciliary care services in the Annalong and Kilkeel areas of the Mourne. The agency provides "care in the community" on a local basis.

The agency states in their Statement of Purpose that they work as a team with service users, and foster clear open lines of communication with their relatives and commissionaires. The agency provides practical, as well as personal support. The agency also provides an overnight service and a sitting service. They receive referrals from the Southern Health and Social Care Trust and self-referred service users.

The agency service is provided to 98 service users (increase of one since the previous inspection on 17 April 2014) by 60 staff (increase of ten since the previous inspection).

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the agency was an unannounced care inspection dated 17 April 2014. The completed QIP was returned and approved by the inspector.

## 5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 11(1), Regulation 11(3)</p>	<p>The registered person/manager is required to attend training compliant with the RQIA mandatory training guidelines 2012 and any additional training required to ensure the safe and effective running of the agency.</p> <p>(Minimum standard 8.17)</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered person/manager mandatory training in the area of service user monies as required at the previous inspection was reviewed as compliant.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13(b)</p>	<p>The registered person/manager is required to ensure all management staff attend appropriate training compliant with the RQIA mandatory training guidelines 2012 and any additional training required to ensure the safe and effective running of the agency.</p> <p>(Minimum standards 7.9, 12.4 and 13.1)</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The co-ordinators training records in the areas of service user monies and challenging behaviour required at the previous inspection were reviewed as compliant.</p>	
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 15 (10), Regulation 15 (11)</p>	<p>The registered person/manager is required to ensure all service users with any form of restraint as part of their care provision is referenced within the service user care plan and risk assessment.</p> <p>(Minimum standard 4.2, bullet point 6)</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Three service user care plans and risk assessments evidenced appropriate reference to bedrails or lapbands where appropriate.</p>	

### **5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.**

#### **Is care safe?**

Service user referral information received from HSC Trust commissioners contained a reasonable level of information regarding service user and/or representative's views. The referrals detailed a care plan and risk assessment. The agency care plans and risk assessments completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. Service user guides and agreements had been provided to service users and were signed by service users or their relative.

The UCO was advised that new carers are usually 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 required care.

The documentation relating to six service users was reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan; one required to be amended. The agency's log sheets in the files reviewed were being completed by the carers; however it was noted that times were not always recorded. This was discussed with the registered manager for attention.

Overall on the day the inspector found that care was safe.

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

The UCO was informed by the majority of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise. One relative advised that a complaint had been made regarding one carer and was satisfied with the outcome.

Questionnaires are sent out by the agency on a regular basis to obtain the views of the service from service users or their representatives. Management visits are taking place on a regular basis to discuss their care; however only one relative was able to confirm that observation of staff practice had taken place.

Review of staff quality monitoring during inspection confirmed an appropriate process and timeframes for staff observations. Evidence of the annual quality report for 2014 was reviewed during inspection together with the questionnaire. Service user quality visits and contacts were confirmed during inspection for three service users and had taken place in line with the confirmed timeframes.

The agency had not received any complaints since the previous inspection.

The compliments records from three service users relatives and two trust professionals reviewed during inspection contained positive feedback regarding the care provided to service users as detailed below:

'I am very satisfied at present with the level of feedback from the agency in relation to concerns about service user's health and wellbeing i.e. hospital admissions' (Trust professional)

'Best care provider in the area' (Trust professional)

'Thank you so very much for all your help with mum and kindness towards her, I don't know what we would have done without you all' (Relative)

'Just to say thank you for all your help in looking after our dad. It has been very much appreciated by all of us especially out mum' (Relative)

'For you care and kindness, we are very grateful' (Relative)

The agency has monthly monitoring reports completed by the registered person. The inspector reviewed three such reports and confirmed the reports to be compliant.

Communication records viewed in the agency office evidenced how feedback was received and shared with staff as necessary in respect of changes to service users' needs.

Seven staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed how processes such as staff meetings, daily contact with the agency manager, office administrator and co-ordinator share ongoing changes to service user's needs and evidence of these processes were reviewed during the inspection day. Additional staff training is offered as required to ensure staff are appropriately knowledgeable in service users specific needs.

Overall on the day the inspector found that care delivery was effective.

### **Is care compassionate?**

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Moneydarragh Flexicare. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect; however one relative felt that on occasions care can be rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't fault them."
- "No problems."
- "Nothing to complain about."

- “We enjoy the banter with them; the girls are lovely.”

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or surveys for the agency.

Staff interviewed confirmed that service users’ views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users’ particular needs especially in cases where conditions such as dementia and communication difficulties pre-sent.

Staff discussed two service users with communication difficulties and how the use of one service user’s communication board/aid and facial gestures enabled the service users to communicate their wishes to staff which staff in turn responded to through hand and facial gestures.

Overall on the day the inspector found that care delivery was compassionate.

### **Areas for Improvement**

The agency has met the required standards in respect of theme one.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.**

### **Is Care Safe?**

A range of management systems and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed and late calls. The agency have a policy and procedure for management of missed or late calls and this was reviewed as appropriate during inspection. The agency has had one missed call in recent months. Review of records during inspection confirmed good communication with service users and staff in both cases. Communications with the referring HSC Trusts had also taken place regarding the missed call which is good practice and in line with trust contractual arrangements. Review of staff rota’s during inspection for one staff member/service users/locality area reflected a process for allocating the staff numbers to service user calls however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

Overall on the day the inspector found that care delivery was safe.



## Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping. Two of the people interviewed also advised that they had experienced a small number of missed calls from the agency.

The registered manager confirmed that missed or late calls would not be a common occurrence in the service and evidenced that the one missed call as referenced in the above section was appropriately managed. The manager was unaware of any additional missed calls except for those where service users are 'not home' on occasions when carers call. The manager showed the inspector a record for such calls and also evidenced records in relation to the agency's contact with service users NOK and trust professionals in such cases.

Procedures in place for staff quality monitoring were reviewed during inspection. Disciplinary processes were discussed during inspection but have not been implemented as the agency has only had one recent missed call and this was managed appropriately regarding staff practice.

Monthly monitoring reports completed by the registered person were reviewed but do not currently reference missed or late calls, this matter was discussed with the registered manager during inspection for any future cases. The monthly report for May 2015 (when the missed call occurred) did however reference development of the missed or late calls policy and procedure.

Staff interviewed on the day of inspection confirmed that they felt supported by management staff and demonstrated a clear understanding of their reporting processes if running late for next service user visit.

Overall on the day the inspector found that care delivery was effective.

## Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the UCO highlighted service quality to be good with appropriately trained and skilled staff who delivered compassionate care. Where issues arise service users described appropriate communication processes in order to keep them informed.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes were calls are missed or delayed.

Overall on the day the inspector found that care delivery was compassionate.

## Areas for Improvement

The agency has met the required standards in respect of theme two.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.3 Additional Areas Examined

No additional areas were reviewed during this inspection.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>Karen Cullen</i>	Date Completed	20/11/15
Registered Person	<i>Karen Cullen</i>	Date Approved	20/11/15
RQIA Inspector Assessing Response	<i>A. Jackson</i>	Date Approved	24/11/15

Please provide any additional comments or observations you may wish to make below:

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

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 agency. 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.