

Unannounced Care Inspection Report 13 December 2018



Conard Care Service

Type of Service: Domiciliary Care Agency

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Tel No: 02891810161

Inspector: Jim McBride

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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

Conard care services ltd is a domiciliary care agency based in Newtownards under the direction of the manager Paul Doran, a staff team of 269 provides care services to 473 service users in their own homes. The service users live in the North Down geographical area. The services provided range from personal care, practical and social support. The services are commissioned by the South Eastern health and Social Care Trust.

3.0 Service details

Organisation/Registered Provider: City and Healthcare Responsible Individual: Julie Hunter	Registered Manager: Paul Doran
Person in charge at the time of inspection: Regional manager	Date manager registered: 3/9/18

4.0 Inspection summary

An unannounced inspection took place on 13 December 2018 from 09.10 to 13.00.

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

Evidence of good practice was found in relation to service quality, care records, staff training and induction. This was supported through review of records at inspection and during feedback from staff.

Staff comments:

- “Good support from managers.”
- “Supervision is good and is one to one when required.”
- “Training is excellent and helps you with individual client’s needs.”
- “Induction is comprehensive and shadowing other staff is good.”

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ursula Monan, regional manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Record of notifiable events for 2017/2018
- Records of complaints
- All communication with the agency
- Registration details of the agency.

During the inspection the inspector met with the regional manager as well as two care coordinators and one care staff member to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency.

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff views have been returned to RQIA via Survey Monkey.

The inspector requested that the staff place a 'Have we missed you?' card in a prominent position in the agency to allow stakeholders 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.

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 following records were examined during the inspection:

- Ten service user records in respect of referral, assessment, care plan and review
- Ten service user records of the agency quality monitoring contacts
- Ten staff recruitment, training and induction records
- Agency process for verifying staff NISCC registration
- Staff training schedule
- Staff supervision and appraisal date records
- Complaints log and records

Training records relating to:

- Safeguarding
- Records management
- Moving and handling
- Infection control
- Complaints
- Medication
- Staff rotas relating to single calls and double calls
- The agency's statement of purpose (2018)
- The agency's service user guide (2018)
- Policy and procedures relating to: safeguarding, whistleblowing and managing staff
- Record of incidents reportable to RQIA in 2017/2018

The findings of the inspection were provided to the Regional manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 June 2017

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

6.2 Review of areas for improvement from the last care inspection dated 27 June 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Is care safe?

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

A range of policies and procedures was reviewed relating to safeguarding, managing staff and whistleblowing. The inspector found these policies to be up to date and compliant with related regulations and standards.

Ten staff files were sampled relating to care workers which verified that all the pre-employment information had been obtained as required.

An induction programme had been completed with each staff member that included competency assessments. The inspector reviewed the induction records of number recently recruited staff members. This evidenced that staff received an induction lasting at least three days which included relevant mandatory training and shadowing with experienced staff.

The inspector noted 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 The Northern Ireland Social Care Council (NISCC). The manager discussed the system introduced to identify when staff are due to renew registration.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The manager is named as the agency's Adult Safeguarding Champion with key responsibilities detailed in their procedure in line with required guidance.

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

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. It was noted that a number of incidents had taken place since the last inspection. The inspector examined these records and found that the agency had dealt with them in accordance with its procedure and policy.

Staff training records viewed for 2017/2018 confirmed that staff had received required mandatory updates and training. Staff also attended training over and above mandatory requirements including: Stroke awareness and Diabetes awareness. This was confirmed by both the regional manager and care coordinators.

The agency’s supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal.

A review of a sample of records viewed by the inspector recorded no concerns regarding staff practice during spot checks and quality assurance visits. The inspector noted some of the comments received from service users relating to the quality of the service provision:

- “Good provider.”
- “I’m happy with the service.”
- “I have no issues with staff.”
- “Staff are helpful, kind and caring.”
- “The girls brighten my day.”
- “*** is well looked after by the staff, I have no concerns.”

The agency’s registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment. Adult safeguarding had been appropriately managed and ongoing review of service user’s care and support was evident.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

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 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.

Service user files 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 a sample of completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff, with appropriate action taken with individual staff where minor issues had been identified.

Staff interviewed on the day of inspection demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

Areas of good practice

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

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.

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. A number of records were reviewed by the inspector and the records in place were satisfactory.

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 the manager.

Records of monthly quality monitoring regulation (23) were available for inspection. The inspector noted some of the comments received from service users, staff, relatives and HSC Trust professional staff:

Service users:

- "I love my new carer."
- "The care provided is good."
- "Seeing them makes my day."

Relatives:

- “No issues a great service.”
- “The staff got my *** back to a routine.”
- “My *** is very well looked after.”

Staff:

- “I get great support from the Conard team.”
“I’m happy with my position.”
- “I’m happy with the work and the training provided.”

HSC Trust staff:

- “No issues.”
- “The team are very efficient at responding and keeping me informed of changing needs.”
- “Always cooperative, a good service.”

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

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.

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 recent changes in the organisational and management structure of the agency are outlined in the Statement of Purpose (2018) and detail the lines of accountability. Discussion with the regional manager and staff interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format and available in hard copy manuals. 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 agency’s complaints procedure viewed was found to be in line with regulations and standards. 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.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

The care worker interviewed indicated that she felt supported by the manager and described management as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

The inspector noted the positive results of an annual quality survey completed by the agency whereby the service users were able to give their opinion/view on the following areas of service:

- being polite and courteous?
- protecting privacy?
- ensuring you feel safe and cared for?
- providing you with consistent care workers?
- being on time?
- telling you when we will be late?
- involving you in decisions about your care by listening to what is important to you?
- providing you with care workers who are well matched to meet your care needs?
- supporting you to achieve your goal?
- ensuring you know how to make a complaint and feel able to do so if you need to?
- dealing with your complaints quickly and fairly?

Comment received:

- “I am grateful to all the girls who come to care for me. I look forward to seeing them.”

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Advocacy
- Equal care and support
- Individual person centred care
- Individual risk assessment.

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information.

Areas of good practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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