

Unannounced Domiciliary Care Agency Inspection Report 22 November 2016



Conard Care Services Ltd

Type of service: Domiciliary Care Agency
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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 Conard Care Services Ltd took place on 22 November 2016 from 09.30 to 16.30 hours.

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.

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 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.

One area for quality improvement was identified regarding commissioner inclusion in the annual quality review and report.

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.

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.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Elaine Thompson, manager registration pending, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 28 May 2015.

2.0 Service details

Registered organisation/registered person: Conard Care Services Ltd/Miss Julie Elizabeth Hunter	Registered manager: Mrs Elaine Thompson (registration pending)
Person in charge of the service at the time of inspection: Mrs Elaine Thompson (registration pending)	Date manager registered: N/A

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous 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 (registration pending)
- Consultation with seven care staff
- Examination of records

- File audits
- Evaluation and feedback.

Prior to the inspection the UCO spoke with six service users and eight relatives, either in their own home or by telephone, on 19 and 21 November 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with personal care and meals.

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

On the day of inspection the inspector met with seven care staff to discuss their views regarding care and support 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 manager (registration pending) 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. Three 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
- Supervision and appraisal policy and procedure (within Managing staff policy)
- Three long term staff members quality monitoring, supervision and appraisal records
- Three long term staff members training records
- Three staff duty rotas
- Staff handbook
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Three safeguarding records
- Three new service user records regarding referral, assessment, care planning and introductory visits
- Three long term service user records regarding review, reassessment and quality monitoring
- Quality assurance policy
- 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 regional manager
- Annual quality report
- Three compliments
- Three staff meeting minutes
- Three staff weekly notices (communications regarding changes in services and additional matters)

- Three communications to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure (within information governance)
- Complaints and compliments policy and procedure
- Three complaints records
- Policy on reporting accidents and incidents.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 28 May 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

4.2 Review of requirements and recommendations from the last care inspection Dated 28 May 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.12 Stated: First time To be Completed by: 28 November 2015	<p>The registering manager is recommended to evaluate the quality of services on at least an annual basis and follow up action taken. Key stakeholders are involved in the process.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the 2016 annual quality report confirmed partial compliance with feedback sought from service users and staff. Commissioner feedback had been sought monthly through the registered person quality monitoring process but annual feedback had not been obtained independent of this and has been recommended going forward.</p>	Partially Met

4.3 Is care safe?

The agency currently provides services to 272 service users living in their own homes within the South Eastern Health and Social Care Trust (SEHSCT). 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 reviewed relating to recently appointed staff. The manager (registration pending) verified all the pre-employment information and documents had been obtained as required and this was confirmed during inspection review of the records. An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. The majority of staff are currently working towards registration with NISCC with the agency manager (registration pending) confirming support is provided to assist staff in meeting the NISCC timeframes for 2017. One of the seven care staff interviewed during the inspection day, had commenced employment within the previous year. This staff member 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 and relatives interviewed that there were no concerns regarding the safety of care being provided by Conard Care. The majority of the service users and relatives interviewed confirmed that 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 if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't do without them."
- "Doing a good job."
- "Have no complaints."

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 with the required standards. The policy has been updated in line with 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 2016 confirmed all care staff had completed the required mandatory update training programme and a range of additional training. 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 and support needs including dementia and mental health. Training is facilitated by an internal trainer within the agency. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Staff spoke of additional opportunities available for training in areas where staff felt they required more knowledge such as dementia.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, 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.

Safeguarding was discussed during inspection; the manager (registration pending) confirmed a number of matters have arisen since the previous inspection which were reportable to RQIA. The manager (registration pending) presented appropriate knowledge in managing matters when they arise. Review of three incidents reported to RQIA confirmed appropriate procedures in place with the agency. All records were centrally maintained and available for review.

Each of the seven staff interviewed had a clear understanding of their roles 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 ongoing review of services with service users/representatives. The manager (registration pending) confirmed that the agency implement an ongoing quality monitoring process as part of their review of services and this was evident during review of three service users’ records. The manager (registration pending) confirmed that trust representatives were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

Service users spoken with by the UCO, and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group. Staff spoken with during the inspection did highlight long shift patterns and challenges in meeting all service users specified times due to lack of travel time, this feedback was shared with the manager (registration pending) for further staff discussion and review.

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 of recommendations:	0
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4.4 Is care effective?

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers’ timekeeping or they had experienced any missed calls from the agency. No issues regarding care being rushed were raised with the UCO. Service users advised that they were usually introduced to new carers by a regular carer and that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Conard Care were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place and they have received 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:

- “Very, very good.”

- “Couldn’t say a bad word.”

During the home visits the UCO reviewed the agency’s documentation in relation to four service users and one issue regarding the log book was noted.

The agency’s recording policy and associated procedures on ‘Record keeping and reporting’ had been revised in 2016. The agency maintained recording templates in each service user’s home file on which care staff record their visits. The inspector reviewed three completed records returned from service user’s homes, which confirmed appropriate procedures in place.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users’ needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing quality monitoring is completed by their senior staff and quality monitoring officer to ensure effective service delivery.

The manager (registration pending) confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with seven care staff during the inspection supported review of this topic as necessary and staff meeting records supported coverage of this topic.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments from professionals as necessary. The assessments and care completed by the agency ongoing evidence that service users and/or representative’s views are 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 service user guide in an alternative format but confirmed this would be accommodated as necessary to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care plan during the course of their time with the service. Questionnaires are provided for service users to give feedback on an annual basis. Evidence of this process was reviewed during inspection in terms of the annual quality report. Service user files reviewed during inspection contained evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to other trust professionals and evidence of this process was reviewed during inspection.

The agency has completed their annual quality report for 2016 and this was reviewed during inspection. The inspector found that annual commissioner feedback had not been obtained as recommended at the previous inspection and this recommendation has been restated within the Quality Improvement Plan (QIP). The manager (registration pending) confirmed a summary of findings and improvements planned are not provided to service users, staff and commissioners. Assurances were provided during inspection that information would be shared with all stakeholders going forward.

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

One area for improvement was identified during the inspection and relates to commissioner inclusion in the annual quality review and report.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

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

- “My XXX loves to see them coming.”
- “The girls are very pleasant.”
- “No complaints.”

Records viewed in the agency office and discussions with staff confirmed that observation of staff practice was carried out within service users’ homes on an ongoing basis. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. Where issues regarding staff practice are highlighted via other processes such as complaints the manager (registration pending) presented evidence to support appropriate follow up processes to address matters arising.

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. The 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 an ongoing basis through home visits by the agency management team and regular phone contacts. Records reviewed during inspection support ongoing review of service user’s needs with evidence of revised care plans. Quality monitoring from service user visits alongside monthly quality reports and the

annual quality report evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Staff are fantastic, they go over and above the call of duty’ (Relative feedback during monthly monitoring).
- ‘Just wanted to say thanks so much to you all for making the effort to call out with XXX today and making XXX feel special. It was lovely, he was so chuffed seeing you all and making XXX centre of attention. You always do such a great job and XXX is very fortunate to have you all caring for XXX. You didn't have to do that today and so it meant a lot not only to XX - but to my mum, dad & the rest of our family. Thanks again (Text message from family to care staff).
- ‘I would like to thank Conard Care and all the carers who looked after our XXX. We know XXX received the best care and attention and we appreciate all that was done for XXX. If anyone is in our area and would like to call to see XXX, they would be more than welcome to visit, we would love to hear from you (Thank you card from family member after service user moved to live with family and no longer required the service from Conard Care).

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the manager (registration pending) Mrs Elaine Thompson the agency provide domiciliary care to 272 people living in their own homes.

Discussion with the manager (registration pending) and staff evidenced that there was a clear organisational structure within the agency. Staff where 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 manager (registration pending). 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 service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

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.

The complaints log was viewed for 2015 and 2016 to date, with a range of complaints logged. Review of three complaints during inspection supported appropriate procedures in place, however the inspector did note that one letter of apology to the service user had been delayed by two months following investigation completion. This feedback was shared with the manager (registration pending) during inspection for future review to ensure timeframes are adhered to in line with the agency policy and procedure. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with manager (registration pending) supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A number of medication reportable incidents and safeguarding matters had occurred since the previous inspection and were reported accordingly to RQIA.

The inspector reviewed the monthly monitoring reports for July, August and September 2016. The reports evidenced that the regional manager monitors the quality of service provided in accordance with minimum standards. Reports are reviewed and signed off ongoing by the registered person and evidence of this process was confirmed during inspection.

The seven care staff interviewed indicated that they felt supported by senior staff who were described as, always available to discuss matters both in person or via telephone. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff supported that current staffing arrangements are appropriate in meeting service users' needs with exception to long shift patterns absence of travel time and this was shared with the manager (registration pending) during inspection feedback. and this was also reflected in the 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 of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Elaine Thompson, manager (registration pending), as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 domiciliary care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 8.12</p> <p>Stated: Second time</p> <p>To be completed by: 22 May 2016</p>	<p>The registering manager is recommended to evaluate the quality of services on at least an annual basis and follow up action taken. Key stakeholders are involved in the process.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Monthly independent monitoring to be carried out by Regional Manager, to include key stakeholders, such as HSCT representatives and commissioners of the service. This will then be reviewed and signed off for any actions by the Registered Person for the organisation. Monthly reports will be sent to RQIA on completion for review of the monthly monitoring process to ensure that we capture the revised processes recommended above in line with Standard 8.12. This will also be reflected in the agencies annual quality report.</p>

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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