

Unannounced Care Inspection Report 1 October 2020



Conard Care Services Ltd

Type of Service: Domiciliary Care Agency
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Inspector: Corrie Visser

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Assurance, Challenge and Improvement in Health and Social Care

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 provider 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 167 provide care services to 273 service users in their own home. The service users live in the North Down geographical area. The services provide range from personal care, practical and social support. The services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT).

3.0 Service details

Organisation/Registered Provider: Conard Care Services Ltd	Registered Manager: Mr Paul Doran
Responsible Individual: Miss Julie Elizabeth Hunter	
Person in charge at the time of inspection: Mr Paul Doran	Date manager registered: 29 October 2019

4.0 Inspection summary

An unannounced inspection took place on 1 October 2020 from 10.30 to 14.30 hours.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the inspection on 5 September 2019 RQIA have not completed a primary inspection. In response to this, RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site inspection approach in line with social distanced guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

On the day of the inspection it was noted that two incidents had taken place since the previous inspection on 5 September 2019. We examined the records and found that the agency had dealt with the incidents in accordance with its own procedure and policy.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had not received any complaints since the last inspection.

Two areas for improvement were identified in relation to recruitment and record keeping.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC) and the management of incidents.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Paul Doran, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection. However, RQIA convened an Enhanced Feedback Meeting on 20 October 2020 to provide feedback on inspection findings and to be provided with assurances that the service will again come back into compliance with regulations and standards. The responsible individual and two of her senior team provided RQIA with assurances (via teleconference) and will follow up with an action plan as to their proposals of how they will be compliant and remain compliant with the regulations and standards. No further action will be taken by RQIA at this time but the service will be kept under regulatory review in relation to all areas discussed.

4.2 Action/enforcement taken following the most recent care inspection dated 5 September 2019

No further actions were required to be taken following the most recent inspection on 5 September 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

Following our inspection we focused on contacting the service users, their relatives, staff and professionals to obtain their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included "Tell Us" cards, service

user's/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

Following the inspection we communicated with three service users, three staff, two service users' relatives and two professionals.

No areas for improvement were identified at the last care inspection.

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

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

6.0 The inspection

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

6.1 Inspection findings

Recruitment records:

The agency presented a sample of staff recruitment files and we reviewed four files. As outlined in Regulation 13, Schedule 3 a statement is required by the registered provider or the registered manager to confirm that the person is physically and mentally fit for the purposes of the work which they are to perform. This was not available in any of the recruitment files reviewed. There were also gaps in employment in two staff files and no evidence of any discussion of this during interview. It was further noted that a care worker had been dismissed from a previous care company and there was no evidence that this had been discussed. A reference was obtained from this service however no information for this dismissal was provided. The manager advised that this was discussed with the care worker however it was not evidenced within the staff file. All pre-employment checks should be completed prior to an employment start date being provided which is in line with Regulation 13 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An area for improvement has been stated in this regard.

The NISCC matrix reviewed confirmed all staff were registered with NISCC. The manager advised that a system is in place to monitor the registration of all staff and reminders are sent to staff when they are due to renew their registration. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Staff also confirmed their knowledge of this when providing feedback.

Monthly Quality Monitoring Reports:

We reviewed a sample of the monthly quality monitoring reports which were available on the day of inspection. It was noted that there were no action plans for the July 2020 and August 2020 reports however there was an action plan for the September 2020 report. This action plan was implemented following discussion with the Regional Manager who compiles the report and it was positive that she had taken our advice forward. It is important to have action plans in the monthly quality monitoring reports to review and monitor the progress of any improvements within the service. There was a concern that the responsible individual does not have

governance or oversight of the service. This was discussed with the responsible individual and RQIA was provided with assurances that this will commence and will be taken forward as of 20 October 2020.

Care Plans and Reviews:

We reviewed four service users' files. There was no evidence of a review of the care plan by the Trust for one service user since 2016. It was positive to note that Conard Care Services Ltd had recently undertaken their own risk assessment on each of the four service users which is renewed on a yearly basis. Upon reviewing two service users' packages of care, it was noted that there were six missed calls for one service user and three missed calls for another service user over a two week period. This was discussed with the manager who reported that there was a possibility that these calls had been cancelled however we were not provided with any evidence to support this.

We reviewed the daily logs for four service users and noted that there were significant deficits in three of the four logs including unrecorded dates and times of calls, unsigned records or completed inappropriately in accordance with regulations. An area for improvement was made in this regard.

The manager advised that a new computerised system is being created therefore this practice cannot continue as all records will be digital and any deficits will be identified in real time and actioned.

Comments from service users included:

- "I have a very good care worker."
- "My care worker is absolutely fantastic. She goes over and above her duty of care."
- "I had a concern and the manager sorted it out for me."
- "Everything is great."
- "If my care worker is off, it is hit or miss if they will turn up."
- "Very nice girls."
- "I am extremely happy."
- "I have the same care worker unless she is on holiday."
- "My care worker promotes my independence."

Comments from service users' relatives included:

- "No complaints."
- "All great girls."
- "His care worker knows him from his head to his toes."
- "She is really good with my brother and is able to identify any health concerns which means we can get it treated straight away."
- "As soon as my brother sees the care worker, he smiles."
- "The care worker constantly talks to my relative during her call."
- "I trust the care worker with his life and my own."
- "They go over and above their duties."

Comments from care workers included:

- "Induction was really good."
- "The training is very straight forward."

- “The girls who I shadowed were brilliant.”
- “Conard are on the ball with service user timings.”
- “We are a close knit team.”
- “Very good in all aspects.”
- “Management are always supportive.”
- “All the carers have a good rapport with the service users on every run I’ve done.”
- “It’s lovely to join a team where their hearts are in their job.”
- “Conard are very service user focused.”
- “They are brilliant to work for.”
- “I love my job.”
- “Supervision is brilliant – spot checks and face to face.”
- “The rota is well timed out.”
- “We could do with more packages of care on my run.”
- “I have a good boss.”
- “Great support.”

Comments from professionals included:

- “They are very good and contact me regularly with any concerns.”
- “They are responsive.”
- “They keep me well informed.”
- “Quick on the ball.”
- “They are doing their best in the current climate.”
- “They pick up on issues and keep me updated.”
- “If any mistakes happen they follow up with an incident form and put all measures in place.”
- “They attend reviews and input greatly.”

Covid-19

We spoke to the manager and to three staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- dissemination of information to staff
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19
- PPE storage and disposal
- staff training and guidance on IPC and the use of PPE equipment in line with guidance

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

Based on feedback it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), and the management of incidents.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

Areas for improvement

There were two areas for improvement in relation to recruitment and record keeping.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Paul Doran, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (c) and (d), Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he is physically and mentally fit for the purposes of the work which he is to perform and full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Statement of fitness to be added to the application form</p> <p>Applications forms to be counter signed by RM</p> <p>This action will be followed up week commencing 2.11.2020 - action plan will be updated accordingly</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection and ongoing</p>	<p>The record maintained in the service user's home details (where applicable) the date and arrival and departure times of every visit by agency staff.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All records are now electronic, which allows for full oversight. Records are live and can be viewed at any time. Audits can be carried out in a timely manner</p> <p>Record book audits completed as per company policy</p>

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



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