Inspection Report

14 September 2021

Conard Care Services Ltd

Type of service: Domiciliary Care Agency
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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Conard Care Services Ltd **Responsible Individual:** Miss Julie Elizabeth Hunter	**Registered Manager:** Mr Paul Doran **Date registered:** 29 October 2019
Person in charge at the time of inspection: Mr Paul Doran	
Brief description of the accommodation/how the service operates: Conard Care Services Ltd is a domiciliary care agency based in Newtownards. A staff team of 114 provides care services to 218 service users in their own homes. The services provided range from personal care to practical and social support. The services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 14 September 2021 between 11.45am and 5.10pm by the care inspector.

RQIA received information on 25 June 2021 from the SEHSCT which shared intelligence in relation to incidents and complaints not being reported appropriately to the Trust. It was also noted by the SEHSCT that there were concerns regarding investigations of staff conduct, the quality of care being delivered, the organisational culture and leadership and the electronic care system. The SEHSCT issued a Performance Notice against Conard Care Services Ltd and requested that a plan for remedial action be submitted to them by the responsible individual.

RQIA made a decision to undertake an inspection of the service, giving time for the improvements to be worked on. The inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC), recruitment of staff, adult safeguarding, notifications, complaints, Deprivation of Liberty Safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users' homes. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

Areas for improvement were identified in relation to complaints, the provision of prescribed services and the fitness of the responsible individual.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.

- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

4.0 What people told us about the service

We spoke with three service users, two relatives and five staff. Two questionnaires were received and the respondents were either very satisfied or satisfied that the care being delivered was safe, compassionate, effective and well led. No feedback was received from HSCT professionals prior to the issuing of this report.

Comments received during inspection process-

Service users' comments

- "The care staff are just brilliant, great service."
- "Going well, no issues."
- "Honestly could not be better."
- "Great care staff who assist me so much."
- "Very happy with the service and staff provided."

Staff comments

- "At present, the general shortage of staff both on the ground and in management areas have created some challenges which are a challenge to address."
- "Overall I feel that care is being provided at the highest standard given the current situation."
- "The dedication of both frontline staff and management to continue to pull together to provide the necessary support to service users is commendable."

Service users' relatives' comments

- "No issues at all, the service is really good and xxxx is happy so that's all that counts for me."
- "We are very happy with the carers, communication is excellent."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Conard Care Services Ltd was undertaken on 1 October 2020 by the care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 1 October 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for Improvement 1 **Ref**: Regulation 13 (c) and (d), Schedule 3 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A sample of staff recruitment files was reviewed and the service was deemed compliant with this regulation.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 5.2 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: An electronic system is now in place in the service and every call has a date and the arrival and departure time recorded.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency had a system for retaining a record of referrals made to the SEHSCT in relation to adult safeguarding. Records reviewed and discussions with the manager established that safeguarding referrals had been managed in accordance with the agency's policy and procedures

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The service had introduced an electronic care system. The system in place to identify missed calls for service users was discussed with the manager who had reported at the last inspection that any missed or late calls would be identified in real time so that the timing of care calls could be more effectively managed. This, however, did not appear to be happening as it was evident that missed calls are not being identified until the following day. It was also noted that times of care calls were not in accordance with a service user's care plan, also that calls were being logged on the electronic system when the care worker was a significant distance from the service users' homes. This was identified as an area for improvement.

Staff had undertaken DoLS Level Two training appropriate to their job roles. It was discussed with the manager that no service users are subject to DoLS.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and engaged with service users. Records reviewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager, staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. The manager and staff reported that staff had completed training in relation to swallowing difficulties (dysphagia). It was noted, however, that a SALT assessment was incorrectly transcribed from the written assessment into the electronic care plan. This was identified as an area for improvement.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and SEHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that 10 complaints had been received since the last inspection. On the day of inspection, the manager could not access all of the complaints due to them being password protected on the system. The manager should have access to every complaint received by the service so as to ensure appropriate actions are taken. This was identified as an area for improvement.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

As a result of this inspection three areas for improvement were identified in respect of the provisions of services, complaints management and the fitness of the responsible person. Details can be found in the Quality Improvement Plan included.

Enforcement action resulted from the findings of this inspection. Due to the concerns noted, RQIA convened a Serious Concerns Meeting with the responsible individual on 28 September 2021. The areas of concern detailed within this report were discussed; RQIA was provided with an action plan and sufficient assurance that these will be rectified, therefore no further enforcement action was taken.

7.0 Quality Improvement Plan/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.

	Regulations	Standards
Total number of Areas for Improvement	3	0

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

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 8(2)(a)(i)(ii) **Stated:** First time **To be completed by:** Immediately from the date of inspection	A person is not fit to carry on an agency unless the person is an individual who carries on the agency otherwise than in partnership with others, and he satisfies the requirements set out in paragraph (3). This specifically relates to the responsible individual having governance and oversight of the agency and communications with the commissioning Trust in relation to all matters. Ref: 5.2.4
	Response by registered person detailing the actions taken: The responsible individual has full oversight for the Conard Care Branch. When issues or concerns are raised these are added to our internal reporting system, all issues or concerns raised are reviewed by the RI and her team. Weekly review of progress on the Action Plan and improvements take place with the Regional Team (WM, SB, PD) and Regional Head of Quality (FF) There are also fortnighly quality governance review meetings taking place with the quality team, registered manager and regional manager to review all aspects of the quality KPI. As covid-19 restrictions ease quality team and regional operations team have reinstated local branch visits. RQIA are updated regularly on progress of improvement actions. Plan to Re-establish links with Health Boards for escalation of concerns
Area for improvement 2 **Ref:** Regulation 15(4) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall, so far as is practicable, ensure that the prescribed services which the agency arranges to be provided to any service user meets the service user's needs specified in the service user plan prepared in respect of him. This relates to care calls being provided in accordance with the care plan, accurate information relating to SALT assessments being recorded in the care plan and the time of arrival of staff at the service user's home being correctly logged. Ref: 5.2.1 and 5.2.3

	Response by registered person detailing the actions taken: A full review and audit of all the service users who have SALT assessments has been completed. Where required the care plans have been updated or there is a plan in place to have them updated. All care staff electronically log in and out of each visit,once they have commenced the visit they complete each individual care tasks as per the care plan and record details of the care delivered at for each visit. The records of the visits are regularly audited by the branch and the quality team
Area for improvement 3 **Ref:** Regulation 22(1) and (6) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall establish a procedure ("the complaints procedure") for considering complaints made to the registered person by a service user or a service user's representative. The registered person shall ensure that every complaint made under the complaints procedure is fully investigated. This relates to the registered manager having access to every complaint received by the service. Ref: 5.2.4
	Response by registered person detailing the actions taken: The Registered Manager has full access to all complaints received and logged on our internal systems.These are also accessible and reviewed by the Senior Leadership and quality team members.

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

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