



The Regulation and
Quality Improvement
Authority

Care Plus
RQIA ID: 10835
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Inspector: Caroline Rix

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Unannounced Care Inspection of Care Plus

8 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 8 October 2015 from 10.00 to 15.30. 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
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the Janette Rolston registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Jacqueline Maguire	Registered Manager: Ms Janette Rolston
Person in charge of the agency at the time of Inspection: Ms Janette Rolston	Date Manager Registered: 28/07/2011
Number of service users in receipt of a service on the day of Inspection: 97	

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

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 manager
- Consultation with three care staff
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and six relatives, either in their own home or by telephone, on 1 and 2 October 2015 to obtain their views of the service. The service users interviewed live in Portadown and surrounding areas and receive assistance with the following: management of medication, personal care and meals. Feedback received is included within the body of this report and was discussed with the registered manager on day of inspection.

On the day of inspection the inspector met with three care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in relation of the themed areas. Staff feedback is contained within the body of this report. The inspector gave the registered manager ten questionnaires to distribute to randomly selected staff members for their completion, asking for their views regarding the service, and return to RQIA. Seven staff questionnaire was received following the inspection, with feedback discussed with the registered manager and included within the body of this report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Four service user records in respect of the agency quality monitoring via face to face contact and trust review process
- Three staff meeting agendas and minutes for January, April and July 2015
- Four staff quality monitoring records
- Staff duty rota for September/October 2015
- Service user compliments received during 2015
- Complaints records
- Monthly monitoring reports for June, July, August and September 2015
- Annual quality report 2014
- Procedure for management of missed calls
- Management staff daily contact log records/on call logs for September 2015
- Missed call records and follow up with staff members and trusts
- On call rota
- Two communication records with trust professionals
- Duty file
- Three incidents reportable to RQIA in 2014/2015.

5. The Inspection

Profile of Service

Care Plus Domiciliary Care Agency is situated in the city of Armagh, Co Armagh. The agency is owned by Mr John Harris with Mrs Janette Rolston as registered manager. The agency provides services to 97 service users by a team of 39 staff. The geographical areas services are provided to include the city of Armagh and surrounding communities. The agency provides care services to service users from all programmes of care including older people, those with a physical disability, dementia, and mental health care needs. Care Plus also has an office in Enniskillen, Co Fermanagh. The Southern Health and Social Care Trust commission their services. Currently two service users are self-funded.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 19 May 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (6) (d)	The registered manager is required to develop a policy and procedure on 'Handling Service Users Monies' and share with all staff.	Met

	Action taken as confirmed during the inspection: The inspector reviewed the policy and procedure on 'Handling Service Users Monies' dated October 2015 as compliant and records verified this information had been shared with all staff.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.3	The registered person is recommended to ensure supervision of the registered manager is completed and recorded quarterly.	Met
	Action taken as confirmed during the inspection: The inspector viewed records of the registered manager receiving quarterly supervisions since June 2014.	
Recommendation 2 Ref: Standard 13.3	The registered manager is recommended to ensure supervision of the individual senior staff are completed and recorded quarterly.	Met
	Action taken as confirmed during the inspection: The inspector viewed records to evidence that senior staff have received supervision on a quarterly basis since June 2014.	

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 the HSC Trust key workers/social workers on DC1 forms contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users and/or representative's views had been obtained and incorporated. The care plans viewed contained specific details to enable effective communication between service users and care workers where service users have sensory impairments or language differences.

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.

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.

Is Care Effective?

The UCO was informed by all 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. The complaints records sampled during inspection were found to be appropriately detailed and demonstrated the actions taken to resolve the matters in a timely manner and ongoing monitoring to ensure that standards are being maintained.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided and these had been shared with staff at team meetings and individually.

Management visits are taking place on a regular basis; however the majority of the people interviewed were unable to confirm that observation of staff practice had taken place or that they had received a questionnaire from the agency.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis, most recently during September 2015. No staff practise issue were identified during these spot checks sampled.

Questionnaires are sent out annually by the agency to obtain the service users or their representatives views of the service received. The findings from these questionnaires were detailed within the annual quality report for 2014 viewed. Records evidenced that all service users had been provided with a summary of their annual review report in March 2015.

Service user records viewed in the agency office found that the agency carried out care review visits with service users at least annually, or when changes to their needs were identified along with regular telephone contacts. The care review records and monitoring contacts noted positive comments received from service users/relatives regarding staff.

The most recent monthly monitoring reports for June, July, August and September 2015 viewed evidenced working practises are being systematically reviewed. However, these reports are recommended to be expanded to include how information relating to feedback and actions taken are being monitored.

Seven staff surveys were received following the inspection day. These confirmed that they were satisfied with the training received in relation to core values, communication methods and mental health care. Staff interviewed confirmed that they felt the dementia awareness subject had been a very valuable area of training.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Care Plus. 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, or that care is being 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:

- “No concerns whatsoever.”
- “Couldn’t find a fault.”
- “It gives me peace of mind to know that they call with my XXX every day and will contact me if there are any concerns.”
- “So far, so good.”
- “Couldn’t be better.”

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included dementia, and working with service users with limited communication and 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 or during telephone calls.

Areas for Improvement

One area for quality improvement was found in relation to this theme. The registered person is recommended to expand the content of the monthly monitoring reports in line with minimum standard 8.11.

Number of Requirements:	0	Number of Recommendations:	1
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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 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 has a procedure for management of missed or late calls and this was reviewed during inspection. The agency’s records verified all staff had been provided with the ‘missed calls policy and procedure’.

The agency had recorded five missed calls and a number of late calls which are captured on a variety of records reviewed during inspection from January to October 2015. These include duty logs, computer logs of actions taken regarding the missed/late call, follow up action and actions taken regarding staff involved. Communications with the referring HSC Trust had taken place via telephone calls and emails viewed during inspection.

Disciplinary processes were discussed and reviewed for one staff member during inspection in respect of the agency appropriately addressing the matter of missed/ late calls.

Review of September/October 2015 staff rota's for one staff group within one service 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.

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that timekeeping can vary at weekends and there were mixed results regarding the agency contacting the service user if their carer has been significantly delayed.

The people interviewed also advised that they had not experienced missed calls from the agency. Review of a sample of missed and late calls during inspection supported an appropriate process in place to monitor, review and appropriately address such matters arising.

The registered manager confirmed that missed or late calls would be an ongoing matter which the agency monitors closely and continue to endeavour to avoid where ever possible. However, as previously detailed under theme one of this report, the monthly monitoring reports viewed did not detail the follow up actions taken therefore the content of the monthly monitoring reports should be reviewed to include this matter ongoing.

Staff interviewed confirmed that they felt supported by senior staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home. Minutes of staff meetings for January April and July 2015 reviewed evidenced discussions relating to the reporting process if staffs are running late for a service users visit, along with the on-call arrangements out of hours. The on-call logs viewed evidenced that staffs were reporting issues as required and the subsequent actions taken were appropriate.

Is Care Compassionate?

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed.

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

The majority of the seven staff surveys received indicated that they were not satisfied that they had enough allocated time to complete service users care planned needs or to listen and talk to them. This area was discussed with the registered manager, who confirmed trust keyworkers requests for reviews continue to be made; however, these requests can take some time before a decision is made.

Areas for Improvement

The agency has met the required standards in respect of theme two for all areas reviewed with exception to expanding the monthly monitoring reports in line with minimum standard 8.11, as detailed within theme one of this report.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with eight reports received during the past year. Review of four of these incident reports evidenced that they had been appropriately recorded and report to RQIA and the referring HSC Trust within the required timeframes. Records confirmed that appropriate actions had been taken to address these matters.

6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Janette Rolston registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.5 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.6 Recommendations

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

6.7 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Recommendations			
Recommendation 1 Ref: Standard 8.11 Stated: First time To be Completed by: 28 November 2015	The registered person is recommended to ensure completion of monthly reports are in line with standard 8.11. The registered person is recommended to expand their monthly monitoring reports to detail how feedback information and actions taken are being monitored. As discussed within theme one and two of the report.		
	Response by Registered Person(s) Detailing the Actions Taken: The monthly monitoring reports on the Quality Control Issues brought forward by service user, their representatives and our staff are now incorporated and summarised in our Monthly Audit Reviews. These forms have been redesigned to include summarised issues, follow-up action, and feedback.		
Registered Manager Completing QIP	Jackie Maguire	Date Completed	11/11/15
Registered Person Approving QIP	Janette Rolston	Date Approved	11/11/15
RQIA Inspector Assessing Response	Audrey Murphy	Date Approved	08/12/2015

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