

Unannounced Care Inspection Report 21 December 2017



Care Plus

Type of Service: Domiciliary Care Agency
Address: 19-21 Railway Street, Armagh, BT61 7HP
Tel No: 02837526080
Inspector: Priscilla Clayton

www.rgia.org.uk

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency which provides a range of personal care services to people living in their own homes. Service users have a range of needs including dementia, learning disability and frail elderly.

3.0 Service details

Organisation/Registered Provider: Care Plus Responsible Individual: Jacqueline Maguire	Registered Manager: Janette Rolston
Person in charge at the time of inspection: Janette Rolston	Date manager registered: Janette Rolston – 28/07/2011

4.0 Inspection summary

An unannounced inspection took place on 21 December 2017 from 10.00 to 15.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found throughout the inspection in relation to the overall governance arrangements; the ongoing drive for continuous quality improvement through seeking the views of service users via satisfaction surveys, direct telephone contact, audits conducted and monitoring/ review of care provided. There was strong evidence from staff that there was very good working relationships within the agency. Staff felt they were very well supported by manager through supervision, appraisal, staff meetings, provision of ongoing training and the “open door” approach operated by the manager.

There were no areas identified for improvement from this inspection.

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 Janette Rolston, registered manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 5 May 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 May 2016.

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 care inspection report dated 05 May 2016
- the returned QIP
- notifiable events
- correspondence

Prior to the inspection the RQIA User Consultation Officer (UCO) spoke with five service users and seven relatives, either in their own home or by telephone, on 02 and 04 December 2017 to obtain their views on the service provided by Care Plus. The service users interviewed receive assistance with medication, personal care and meals.

The following records were examined during the inspection:

- RQIA registration certificate
- Liability Insurance
- Statement of Purpose
- Annual Quality Report
- Four service user care records
- One staff recruitment file
- Induction programme
- Staff registrations
- Staff Handbook
- Staff training
- Staff duty roster
- Staff meeting minutes
- Incident / accidents - notifications
- Complaints
- Policies / procedures relevant to this inspection
- Agency contact log.

The registered manager was provided with a poster for display to inform staff how to obtain satisfaction questionnaires via survey monkey or mobile scan. No satisfaction surveys were returned to RQIA within the timescale.

During the inspection the inspector met with six care staff and the registered manager.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Janette Rolston, registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 May 2016

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 8.12 Stated: First time	The registered manager is recommended to expand their annual quality review process to include staff and service commissioners' views.	Met
	Action taken as confirmed during the inspection: Staff and service user satisfaction surveys were undertaken during 2016. The outcome of the surveys were reflected within the agency's annual report (2016).	

6.3 Inspection findings

6.4 Is care safe?

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

The UCO was advised by all service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Care Plus. New care staff 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 care staff member had knowledge of the required care.

No issues regarding the agency's care staff training were raised with the UCO by the service users or relatives; examples of training included manual handling, use of equipment and management of medication. All service users and relatives interviewed confirmed that they could approach the care staff and office staff if they had any concerns.

Examples of some comments made by service users or their relatives are listed below:

- "No concerns at all."
- "The consistency is good as XXX was anxious at the start."
- "Lovely caring people."

Policies and procedures relating to staff recruitment were reviewed. These were found to be current and in accordance with related employment regulations and standards.

One recently appointed staff members' recruitment file was provided, reviewed and discussed with the registered manager. The information contained within the file confirmed that the staff member was recruited in accordance with Regulation 13 Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Audits of staff recruitment files were undertaken to ensure all information required was included.

Review of completed staff induction record and discussion with the registered manager and discussion with care staff evidenced that an induction programme, which incorporated elements of The Northern Ireland Social Care Council (NISCC) induction standards was in place for new care staff.

Staff spoken with during the inspection confirmed they had received a three day induction period and where necessary extra shadowing days were available when staff or management indicated additional time was necessary to ensure competency in aspects of care to be provided.

The agency had a policy on Restriction and Seclusion (April 2017) which was in keeping with DOH Guidance on Restraint and Seclusion and the Human Rights Act (1998). The registered manager and staff who met with the inspector confirmed that no restrictive practice or seclusion was undertaken or permitted.

Arrangements were in place to monitor the registration status of care staff with NISCC.

Staff who spoke with the inspector during the inspection demonstrated knowledge and good understanding of their role in adult safeguarding and whistleblowing. The registered manager advised that she was the adult safeguarding champion for the agency and was aware of her role and responsibilities in this regard.

One recorded safeguarding issue was discussed with the registered manager who advised that the matter was with the commissioning trust and that appropriate action had been taken in this regard.

Discussion with the registered manager and staff during the inspection alongside review of staff training records provided evidence that staff receive ongoing training and were aware of the Department of Health (DOH) regional policy (Adult Safeguarding Prevention and Protection in Partnership, July 2015).

Staff who met with the inspector in the agency office during a staff meeting confirmed satisfaction with the quality of training provided, supervision and appraisal. Electronic training records reviewed evidenced that mandatory training was being provided as required.

Discussion with the registered manager and a group of six care staff indicated the agency had appropriate staffing levels in various roles to meet the needs of service users.

The registered manager advised that the commissioning trust representatives were contactable regarding service users and evidence of this recorded communication was viewed by the inspector.

The agency had a policy on Record Keeping, dated April 2017. The inspector observed the records management arrangements and concluded that records were appropriately stored and data protection measures were being maintained.

The agency's registered premises include a suit of offices and staff facilities which were suitable for the operation of the agency as set within the Statement of Purpose.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The UCO was advised by all service users and relatives interviewed that there were no concerns regarding the care staffs' timekeeping or that care had been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new care staff by a regular staff member.

No issues regarding communication between service users, relatives and staff from Care Plus were raised with the UCO. The service users and relatives advised that home visits or telephone calls have taken place as well as questionnaires from the agency to obtain their views on the service.

Examples of comments made by service users or their relatives are as listed:

- "XXX has got to know them all."
- "So far so good."
- "Very grateful for the help."

As part of the home visits the UCO reviewed the agency's documentation in relation to four service users. One care plan required to be updated and one issue regarding the signing of log sheets was noted. Both issues were discussed with the registered manager who advised that action had been taken to address both issues and that ongoing audit of care records were undertaken through spot checks.

The agency had a policy / procedure on "Recording and Reporting Care Practices" (April 2017) Four care records, provided by the registered manager were viewed by the inspector. These were considered to provide adequate guidance to staff. Daily logs returned from four service users' were also viewed. These records confirmed that ongoing audit of recording care practice had been carried out by the agency with action taken to address issues identified.

Staff spoken with on the day of inspection advised that care plans were provided within each service user's home by the commissioning trust and that they carry out the care prescribed. Any issues or concerns arising were reported to the agency via the twenty four hour "on call" service provided by the agency. Staff confirmed that they were always notified of any changes to the agreed care plan prior to the visit. For example, visit time change, more than one staff needed, moving and handling issues. Staff also demonstrated a clear understanding of the reporting procedure if they were delayed in the undertaking of the agreed visit time.

The registered manager confirmed there were arrangements in place to monitor, audit and review the quality of the service delivered to service users at appropriate intervals throughout the year. For example: annual service user quality satisfaction questionnaire, desk top telephone feedback from service users (two each year), annual supervision visit to the service user's home, care staff spot check visits and service user care reviews. Records of audits conducted and monitoring visits undertaken were retained alongside analysis of findings with action taken to address issues arising. In addition feedback on the quality of care provided was sought from commissioning trust professional staff. The analysis of feedback from service users on the overall quality of care provided by Care Plus was positive. This is to be commended.

The Annual Quality Report for 2016 and was readily available within the office for staff and key stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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

- “Made a huge difference to both our lives.”
- “Go the extra mile.”
- “XXX loves the yarn and the craic with them.”
- “Nice girls.”

Staff who met with the inspector advised that they were always provided with details of the care to be provided for each new service user or any changes to the care of existing service users. Staff demonstrated good understanding of how core values form an important component of care provision including; privacy, dignity, independence, choice, rights and fulfilment. Analysis within the agency’s 2016 annual quality report evidenced that service users who completed this section within the satisfaction survey were satisfied that they were afforded choice, for example in what they liked to wear and have to eat; where treated with dignity and respect and they knew how and to whom to complain if they were unsatisfied.

The agency had received many complementary letters and cards from service users and their representatives which had been shared with staff individually and at team meetings.

The agency had a wide range of policies and procedures in place which supported the delivery of compassionate care. The agency had a policy and procedure on Confidentiality (April 2017) and staff were able to describe how confidentiality was upheld within daily their work.

The agency had an ongoing process in place to ascertain and respond appropriately to the views of service users and / or their representatives through satisfaction surveys, desk top survey by way of telephone contact and review.

Monthly monitoring on the quality of the service provided was undertaken by the registered provider with reports retained within the agency. The report evidenced how the agency ascertains and responds to the views of service users.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

All of the service users and relatives interviewed by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No complaints had been made regarding the service.

The agency's current RQIA registration certificate was displayed within a prominent position within the agency office.

The agency had a Statement of Purpose which reflected the agency's management structure and lines of accountability. Staff who met with the inspector demonstrated awareness of their roles and responsibilities and actions to be taken should they have a concern.

The registered manager advised that the Statement of Purpose and Service User Guide were kept under review and would be revised if changes were planned with a copy forwarded to RQIA.

There was a wide range of policies and procedures in place that direct the quality of care and service provided. These were held electronically and in hard copy format. There were arrangements in place to ensure that policies and procedures are subject to a systematic three yearly review.

Many of the policies viewed by the inspector had been reviewed and if necessary revised during 2017. Policies and procedures were centrally indexed for ease of access and were readily available to staff within the agency office.

The agency had a Whistleblowing policy and procedure (April 2017). Reference was made to the support mechanisms in place and to whom they can report their concerns about poor practice.

The registered manager explained that she and her support administrative team ensure that the agency delivers home care services effectively on a day to day basis with good professional relationships in accordance with legislative requirements and Domiciliary Care Agencies Minimum Standards (2011). There was evidence of good governance arrangements for the daily management and delivery of services.

Staff meetings were held in the agency office on a regular basis with minutes recorded. Staff who spoke with the inspector advised that they received mandatory training, supervision and annual appraisal. Records were retained within the agency office. Mandatory training records reviewed evidenced that training was up to date.

Staff who spoke with the inspector advised that there was very good working relationships within the agency and that they felt very well supported by the registered manager who operates an "open door" to everyone.

Records of accidents and incidents were discussed with the registered manager who advised that all accidents and any incidents occurring when an agency staff member was delivering a service were reported as required to the relevant organisations in accordance with legislation and procedures. When required actions are taken to address concerns and measures put in place to minimise recurrence. Any learning from the outcome of investigations is disseminated to care staff. Audits of accidents and incidents were undertaken on a quarterly basis with an electronic record retained. Data recorded was used to identify trends and patterns.

The agency had a Complaints policy and procedure (April 2017) which was in accordance with relevant legislation and DoH guidance. The registered manager advised that service users and /or their relatives are advised on how to complain by way of the Service User Guide which is given to each service user when the service commences. Analysis within the agency's 2016 annual quality report evidenced that 100% of service users knew how and to whom to complain if they were unsatisfied.

Records of complaints received since the previous inspection was discussed with the registered manager and associated records reviewed. Records included; details of the complaint, communications with complainants, investigation, outcome and where necessary action was taken to address issues. Staff who met with the inspector knew how to receive and deal with complaints. Audits of complaints are undertaken on a three monthly basis to ensure that any trends and patterns are identified and action taken to drive quality improvement.

There were arrangements in place to ensure that all care staff maintains their registration with the Northern Ireland Social Care Council (NISCC). Records of registration dates were retained and monitored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

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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