

# Unannounced Care Inspection Report 30 May 2017



## Trust Domiciliary Service Armagh and Dungannon Locality

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 the Southern Health and Social Care Trust (SHSCT) Trust Domiciliary Service (Armagh and Dungannon) took place on 30 May 2017 from 09.30 to 15.00 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. Ongoing staff training is supported through taught and practical training sessions and reviewed through staff competency assessments during training and within the service users' homes. Ongoing staff quality monitoring was also evident. 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 Safeguarding Team. Staffing levels reviewed and discussed during inspection with all stakeholders supported appropriate staff in various roles to meet the needs of the service user group. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified during inspection.

### **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. Service user guides and relevant information is provided to service users at service commencement and was reviewed during inspection to be in compliance with appropriate timeframes. The inspector discussed consistency of approach across locality areas in evidencing the initial visit to service users, assurances were provided by the registered manager (acting) (acting) that review of the matter would be undertaken post inspection. The agency's systems of quality monitoring for service users and staff have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

### **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. Ongoing review of service quality through a range of contacts with service users, families and review of staff practice were evident. A range of compliments and UCO feedback supported the inspector assessment of compassionate care being delivered. The inspection outcomes demonstrated sustained compliance with regulations and standards.

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 evidence of policies and procedures alongside the agency statement of purposes and service user guide. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. Processes were evident in support of staff rotas, quality monitoring and review of incidents and complaints. The registered manager (acting) demonstrated appropriate knowledge in managing the service and provided all requested information for inspection review. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in their managers to support them and address matters arising.

The inspection outcomes demonstrated sustained compliance with regulations and standards.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Mel Byrne, Registered Manager (acting) as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

#### 2.0 Service details

<b>Registered organisation/registered person:</b> Southern HSC Trust/Mr Francis Rice	<b>Registered manager (acting):</b> Ms Geraldine Rushe
<b>Person in charge of the service at the time of inspection:</b> Mr Mel Walker (registered manager, acting)	<b>Date manager registered:</b> 06 April 2011

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency
- Other information notified to RQIA.

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager (acting), and the business manager
- Consultation with four care staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and five relatives, by telephone, on 26 May 2017 to obtain their views of the service. The service users interviewed have received assistance with personal care and meals.

During the inspection the inspector spoke with four care staff to discuss their views regarding care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager (acting) was provided with ten questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Ten 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 staff members' recruitment records
- Induction policy and procedure and local guidance
- Training and development policy and procedure
- Supervision and appraisal policies and procedures
- Three staff members' induction and training records
- Three long term staff members' quality monitoring, supervision and appraisal records
- Three long term staff members' training records
- Three staff duty rotas
- Regional adult safeguarding policy and procedure
- Whistleblowing policy and procedure
- Three new service user records regarding referral, assessment, care planning and introductory visits
- Three long term service users' records regarding review and quality monitoring
- Recording keeping from clients' home records
- The agency's service user guide/agreement
- The agency's statement of purpose

- Staff handbook
- Agency process for verifying staff NISCC registration
- Three monthly monitoring reports
- Annual quality report 2016
- Three compliments
- A range of staff meeting minutes
- A range of communication records with trust professionals
- Confidentiality policy and procedure
- Complaints policy and procedure
- Two complaints records
- Policies and procedures on incident reporting
- One incident record.

#### 4.0 The inspection

The trust domiciliary service Armagh and Dungannon locality is a Southern Health and Social Care Trust (SHSCT) domiciliary care service based at Mullinure, Armagh. The service provides care and support to 822 individuals living in their own homes across the SHSCT locality of Armagh, Dungannon and surrounding areas. Services provided include personal care, medication support and meal provision.

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 27 October 2016

The most recent inspection of the agency was an unannounced care inspection. There were no requirements or recommendations made as a result of the last care inspection.

#### 4.2 Is care safe?

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 the Southern Trust's domiciliary service. 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. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "I'm very happy with them."
- "Couldn't complain about anything."
- "It's peace of mind for the family. The girls contact me if anything is wrong."

A range of policies and procedures were reviewed relating to staff recruitment, induction and 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 registered manager (acting) verified all the pre-employment information and documents had been obtained as required. Review of three records during inspection confirmed compliance with Regulation 13 and Schedule 3.

An induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards workbook. Review of three staff files supported an induction process lasting more than three days and compliant with Regulation 16(5)(a). The inspector discussed the consistency in management signing off staff NISCC induction workbooks for new staff. The registered manager (acting) provided assurances this matter would be reviewed post inspection. Staff spoken with during inspection confirmed they had received a comprehensive induction programme. Records reviewed evidenced all staff members' registration with NISCC and a system in place to review staff renewal of registration. The registered manager (acting) and business manager confirmed all staff are registered with NISCC. A range of communication methods used by the agency to inform staff of their requirement to renew registration were discussed and reviewed during inspection; these included text messages, discussion at staff meetings and through staff supervisions.

The registered manager (acting) discussed the trust's plans to introduce a specific team to oversee staff renewal of registration across the trust given the considerable size of this workforce. All four care staff spoken with during inspection had been working within the agency for many years with two staff members recruited over recent years. These staff members described their recruitment and induction training processes in line with those found within the agency procedures and records. Staff were also able to describe their registration process with NISCC and what registration with NISCC initially entails and requires of staff on an ongoing basis.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The trust have implemented the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

The inspector was advised that the agency has had one safeguarding matter since the previous inspection; discussion with the registered manager (acting) supported appropriate knowledge in addressing matters when they arise. Staff spoken with during inspection also presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process. The safeguarding champion has recently been appointed within the trust and this information is currently being disseminated to all staff over the coming months.

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Training is facilitated through internal trust training resources. Staff are also assessed during practical sessions both during the training and within service users' homes on an annual basis, and evidence of these assessments were contained within staff files reviewed during inspection. 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, palliative care and stoma care.

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 alongside supervision and appraisal processes and quality monitoring within service users own homes.

The registered manager (acting) confirmed that the agency implements an ongoing quality monitoring process as part of their review of services and this was evident during review of three service users’ records. The registered manager (acting) confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was evident during inspection.

Service users and relatives spoken with by the UCO, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

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.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.3 Is care effective?**

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers’ timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not recently experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from the Southern Trust’s domiciliary service were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place to ensure satisfaction with the service. However no one was able to confirm that they had received a questionnaire from the agency to obtain their views on the service. Discussion with the monitoring manager during inspection confirmed service user feedback is sought on a rolling basis with a percentage of service users receiving questionnaires each year due to the overall size of the service.

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

- “Consistency is great. XXX is very familiar with them.”
- “They’re both great girls.”
- “Very reliable. It’s reassuring for the family that someone calls regularly.”



Service user records viewed included referral information received from the appropriate referring professionals and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments as necessary. The reviews 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. Review of service user's guides and agreements during inspection and discussion with the registered manager (acting) confirmed service users receive this information with an appropriate timeframe compliant with regulations and standards. The inspector discussed consistency across locality areas in regards to evidencing initial visits; assurances were provided that review of practices would be undertaken.

The agency's policy and procedure on record keeping in service users' homes had been developed in 2014 with local guidance developed for the service in 2017. The agency maintains recording sheets in each service user's home file on which care staff record their visits. The inspector reviewed three completed records during inspection and found good standards or recording.

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. Service user files reviewed during inspection contained evidence of communications between the service users and relatives where changing needs were identified and reassessments resulted in amended care plans. Ongoing communications with trust professionals forms an integral part of this ongoing review process and this was evident during inspection.

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 confirmed ongoing quality monitoring of service users and staff practice is completed by their supervisors to ensure effective service delivery.

Staff interviewed during 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 users' choice, dignity, and respect.

Questionnaires are provided for service users to give feedback on a rolling annual basis. Evidence of this process was discussed with the monitoring manager during the inspection in terms of the annual quality report completed for 2016. Review of the 2016 annual report confirmed satisfaction with the service being provided. The monitoring manager also discussed how the annual quality report outcome is provided to service users and staff. The inspector discussed inclusion of commissioner feedback within the overall report and sharing the report findings with service commissioners as one of the key stakeholder groups. Assurances were provided by the monitoring manager that this process would be included in the 2017 report.

Staff questionnaires received by RQIA 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**

No areas for improvement were identified during the inspection.



<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 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 or phone calls to ensure satisfaction with the care that has been provided by the Southern Trust's domiciliary service. Examples of some of the comments made by service users or their relatives are listed below:

- "All very good to XXX."
- "My XXX loves them."
- "Take their time and chat away to XXX."

The agency implements service user quality monitoring practices on an ongoing basis through home visits, telephone contact and through the rolling annual quality survey. Records reviewed during inspection support ongoing review of service users' needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users' homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with staff and managers. 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 or safeguarding, the registered manager (acting) discussed processes used to address any matters arising. Review of one safeguarding incident and two complaints during inspection supported appropriate procedures in place.

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. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Just to make you aware that over the past two weeks I have been out with xxx and met the carers. Can I say those carers are absolutely so keyed into xxx care and with regards to xxx neck brace are so knowledgeable. I have worked in Musgrave Park Hospital in Spinal Injuries Unit and xxx carers are so so good. Wanted you to know. All too often complaints overrule compliments'. (Email from trust professional).

- 'I was out with xxx last week delivery a care plan, xx reported to me how good the carers were and how attentive they were, xxx referred to carers as 'angels'. xxx also reported she has never experienced care at home before and what a positive experience xxx has had due to the thoughtfulness of the carers'. (Email from trust professional).
- 'A very sincere thank you for your attentive and loving care to xxx. Xxx had such a great bond with you in such a short time and you made xxx life so much more comfortable. We really appreciate your personal touch and care'. (Thank you card from relative).

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is the service well led?**

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 complaints regarding the service or concerns in regards to management were raised with the UCO.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager (acting), Mr Mel Byrne, the agency provides domiciliary care to 822 people living in their own homes.

Review of the statement of purpose and discussion with the registered manager (acting) and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and where clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations. 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 policy and procedures which are maintained electronically were reviewed and contents discussed with the registered manager (acting). The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently with exception to the trust confidentiality policy which was dated 2012. The registered manager (acting) agreed to bring this matter to the attention of the relevant trust department. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency and updated accordingly on an ongoing basis. Staff confirmed that revised policies and procedures are issued to them via text communication and discussed at staff meetings which occur every six to eight weeks.

The complaints log was viewed for 2016-2017 to date, with two complaints logged. Review of both complaints during the inspection supported appropriate processes in place for complaints review and resolution.

Discussion with the registered manager (acting) confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. One safeguarding incident had occurred since the previous inspection and was reported appropriately to RQIA.

The inspector reviewed the monthly monitoring reports for February to April 2017. The reports evidenced that the monitoring manager is delegated to complete this process. The reports are presented to the head of domiciliary care for review and then findings are shared with the agency registered manager (acting) for implementation. Monthly monitoring was found to be in accordance with minimum standards with input from service users, relatives, staff members and commissioners.

Four care staff spoken with during inspection indicated that they felt supported by their managers. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need.

The inspector was informed by the registered manager (acting) that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that all staff are registered with NISCC and this was confirmed by the registered manager (acting). Procedures have also been implemented to ensure staff renewing registration are kept under review; these procedures were evidenced to the inspector during the inspection day.

Staff questionnaires received indicated the service is well led with staff indicating satisfaction with the agency management systems.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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