

# Unannounced Care Inspection Report 17 July 2018



## Trust Domiciliary Service & Armagh and Dungannon Locality

**Type of Service: Domiciliary Care Agency**  
**Address: Mullinure, 61 Loughgall Road, Armagh, BT61 7NQ**  
**Tel No: 02837412789**  
**Inspector: Kieran Murray**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 Southern Health and Social Care Trust (SHSCT) domiciliary care agency based in Newry which provides personal care and housing support to 753 individuals in their own homes. Service users have a range of needs including physical disabilities, palliative care, elderly care, learning disability, mental health and dementia. The service users are consulted and involved in all decisions associated with their support. Care and support is provided by 344 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSCT  <b>Responsible Individual(s):</b> Mr Shane Devlin	<b>Registered Manager:</b> Miss Ciara Ann McCrink
<b>Person in charge at the time of inspection:</b> Miss Ciara Ann McCrink	<b>Date manager registered:</b> 23 November 2017

### 4.0 Inspection summary

An unannounced inspection took place on 17 July 2018 from 09.55 to 16.20.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

#### Evidence of good practice was identified in relation to:

- staff recruitment and induction
- care reviews
- staff training and development
- staff supervision and knowledge skills framework (KSF)

One area requiring improvement was identified in relation to accurate recording of restrictive practices in place.

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
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Miss Ciara McCrink, 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 30 May 2017

No further actions were required to be taken following the most recent inspection on 30 May 2017.

## 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 inspection report
- record of complaints
- record of notifiable incidents
- correspondence with RQIA
- concerns log

As part of the inspection the User Consultation Officer (UCO) spoke with six service users and five relatives, either in their own home or by telephone, on 16 July 2018 to obtain their views of the service. The service users spoken with informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals

In addition the UCO reviewed the agency's documentation relating to five service users.

During the inspection the inspector met with the registered manager, business manager, three staff and one HSCT community professional.

The following records were examined during the inspection:

- a range of care and support plans
- HSCT assessments of needs and risk
- assessments
- care review records
- recording/evaluation of care used by the agency
- monthly quality monitoring reports
- staff meeting minutes
- staff training records
- records relating to staff supervision
- records relating to knowledge skills framework (KSF)
- complaints records
- incident records
- records relating to safeguarding of adults
- induction records
- staff rota information
- recruitment policy

- a range of policies relating to the management of staff
- Supervision Policy
- Knowledge Skills Framework (KSF) Policy
- Induction Policy
- Safeguarding Vulnerable Adults Policy
- Restrictive Practice Policy
- Risk Management Policy
- Incident Policy
- Whistleblowing Policy
- Policy relating to Management of Data
- Complaints Policy
- Statement of Purpose
- Service User Guide

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Eight responses were received and the responses are reflected in the report.

One response received indicated that they were 'undecided' whether care was effective. As there were no contact details recorded for staff, the inspector spoke to the registered manager on the 2 August 2018 and discussed the feedback received. The inspector has been assured by the registered manager that the response made would be discussed with staff in the forum of a team meeting and a record retained of the discussion.

The inspector requested that the registered manager place a 'Have we missed you...?' card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 30 May 2017**

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

### **6.2 Review of areas for improvement from the last care inspection dated 30 May 2017**

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

### 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.**

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place. The inspector examined a range of staff files which evidenced that appropriate pre-employment checks had taken place.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the Regulations. Staff stated that they are required to shadow other staff members during their induction. The inspector spoke to three staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities. They indicated that they felt supported by the other staff and the registered manager.

#### **Staff comments:**

- "We would get more training than most agencies."
- "There are floaters (staff) to help cover void shifts."

#### **HSCT community professional comments:**

- "I have had very little issues with the team."

Staff rotas viewed and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff spoken to on the day of the inspection advised the inspector that vacant shifts are covered by the care workers and the management team.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015. The inspector received feedback from the registered manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. Staff spoken to on the day of inspection could name the agency's safeguarding champion and their role within the Trust.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear lines of accountability. On the day of the inspection the inspector noted that there had been a number of safeguarding referrals made since the previous inspection 30 May 2017. These referrals were managed appropriately in conjunction with the HSCT as evidenced by the inspector.

Examination of records indicated that a system to ensure that staff supervision and knowledge skills framework (KSF) are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and knowledge skills framework (KSF) in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the agency's training plans which indicated compliance with Regulation and standards. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Dementia Bus Training (which involved virtual scenarios), Palliative Care and Lymphedema Bandage training.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

The inspector noted that a number of restrictive practices implemented were of the least restrictive nature and considered necessary in conjunction with the HSCT; however, support/care plans had not been updated to reflect restrictive practices in place. An area for improvement has been made in relation to Regulation 15 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

On the day of the inspection the inspector reviewed the process for reporting and management of incidents within the agency. There had been a number of incidents since the previous inspection on 30 May 2017; records provided to the inspector confirmed that they were managed in accordance with the agency's policy and procedure.

The inspector noted that the agency had not received any complaints since the last inspection on 30 May 2017.

The inspector noted a number of compliments received from service user representative's in the agency. An example of one comment is listed below:

'The care and compassion shown to him by the staff was second to none.'

The inspector evidenced that a review of service users' needs took place yearly or sooner if required.

The UCO was advised by all of the service users and relatives interviewed that they have no concerns regarding the safety of care being provided to them by the SHSCT's homecare services. New carer workers 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 that the new care worker was provided with information in relation to the required care.

No issues regarding the carer workers' training were raised with the UCO by the service users or relatives; examples of care provided included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carer workers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:



- “Couldn’t say a bad word about any of them.”
- “My skin has improved since the carers started.”
- “No issues with any of the girls.”

Of the eight responses returned by staff, five indicated they were ‘very satisfied’ that care was safe and three indicated that they were ‘satisfied’ care was safe.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, next of kin contact details, training, supervision, knowledge skills framework (KSF) and adult safeguarding.

**Areas for improvement**

An area for improvement was identified during the inspection in relation to the updating of care/support plans to reflect restrictive practices in place.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

**6.5 Is care effective?**

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

The agency’s arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency’s Statement of Purpose (2018) and Service User Guide (2018).

The inspector reviewed four service users’ individual care and support plans. The inspector was informed that care and support plans are reviewed three monthly or sooner in conjunction with contribution to review client documentation or monitoring visits. The registered manager informed the inspector that multi-disciplinary reviews with the HSCT representatives took place on a yearly basis or sooner if needed. The inspector examined documentation for both processes and the records were noted to be satisfactory.

Feedback from the community professional confirmed the completion and sharing of contribution to review client documentation by the agency.

The agency maintained recording templates in each service user’s home file on which care workers recorded their visits. On examination of records the inspector noted a number of correction practices which were not in keeping with policy and procedure. The inspector requested the registered manager add an agenda item to the forthcoming staff meeting agenda in relation to recording keeping and appropriate correction methods.

The inspector was informed that service users were consulted in relation to where they would like their records to be stored in their homes; this is to promote choice, respect and privacy.

Staff interviewed on the day of the inspection confirmed they were provided with details of care required for each service user.



**Staff comments:**

- “We have our own run and identified service users.”

**HSCT Community professional comments:**

- “Care workers accommodate changes easily and readily.”

Feedback received by the inspector from staff and service users’ indicated that service users or their relatives: have a genuine influence on the content of their care plans.

The UCO was informed by the service users and relatives interviewed that they have no concerns regarding the carers’ timekeeping or that care has been provided in a rushed manner. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users advised that they were usually introduced to new carer workers by a regular member of staff and new care workers had been made aware of the care required.

One issue regarding communication was raised with the UCO, in relation to the service user or family being contacted if the carers have been delayed. This feedback was discussed with the registered manager for local resolution. The service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place or that they had received a questionnaire from the agency.

Comments made by service users or their relatives are listed below:

- “The consistency is great. It makes me more comfortable to be washed by the same carers.”
- “Well looked after.”
- “The only thing that could be improved would be the communication. We’re not always contacted if the carers are going to be late.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to five service users and no issues were noted.

The agency’s quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included details of consultation with a range of staff, relatives as appropriate and community keyworkers, and progress on improvement matters. Monthly quality monitoring is undertaken by a monitoring manager who has a good working knowledge of the service.

The inspector noted the following comments made by relatives during the monthly monitoring visits:

- “The carers are very attentive to mum and they take the pressure away from the family.”
- “The care workers have never missed calling and would attempt to call even when we had bad snow.”

Records reviewed in the agency office by the inspector confirmed that spot checks of staff practice were carried out within service users’ homes on a monthly basis by the supervisor.

Records reviewed by the inspector identified no concerns regarding staff practice during spot checks and monitoring visits.

The registered manager advised the inspector that an Occupational Therapist is attached to the team to carry out specialist assessments for example, mobility and equipment in order to promote privacy and independence for service users.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The registered manager and staff described effective verbal and written communication systems with the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate community professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including speaking with service users on a daily basis and being available for discussion. Staff who spoke to the inspector outlined their understanding of service user's choice, dignity, and respect.

Review of team meeting records indicated that team meetings took place on a two to three monthly basis; the registered manager and staff who spoke to the inspector verified this; staff informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

The registered manager advised the inspector how they had set-up de-briefing/counselling sessions for agency staff following a serious adverse incident (SAI) involving a service user.

The inspector noted that the agency had received two awards for reshaping Domiciliary Care services at the SHSCT's Excellence Awards, June 2017.

The inspector reviewed the annual monitoring quality report for 2017, which evidenced service user's and staff feedback with positive results. The inspector evidenced a number of audits within the annual monitoring report e.g. incident reporting, staff mileage, sick leave and adult safeguarding referral, again all with positive results. The registered manager advised the inspector that the report was shared with all service users, staff and relevant stakeholders.

The inspector commends the agency for the robust and detailed annual monitoring report.

Advocacy service information was available in the service user's guide for service users to contact if necessary.

Policies were available in a paper format in the agency office for staff to access if required.

Of the eight responses returned by staff, four indicated they were 'very satisfied' that care was effective, three indicated that they were 'satisfied' care was effective and one indicated that they were 'undecided' that care was effective.

## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to care records, audits and reviews, spot checks, de-briefing/counselling sessions, communication between service users and agency staff and other key stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of community professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

It was evident that the agency's staff and community keyworkers promote the independence, equality and diversity of service users.

Feedback from staff who spoke to the inspector indicated that they had developed knowledge of individual service users through careful observation and interaction over time.

All of the service users and relatives spoken to 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 provided in a rushed manner. Service users, as far as possible, are given their choice in regards to meals and personal care. During the home visits the UCO observed interactions between two carer workers and a service user; these were felt to be appropriate and friendly in nature.

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 the SHSCT's homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- "They have become like friends to us."

- “We try to be independent but the carers help us if necessary.”
- “Very happy with the care and it gives my family peace of mind.”

**Staff comments:**

- “We take time with our service users.”
- “We call our service users by their first names.”

**H SCT community representatives’ comments:**

- “There is a holistic approach to care and support.”
- “A lot of staff go far and beyond to help service users.”

Of the eight responses returned by staff, seven indicated they were ‘very satisfied’ that care was compassionate and one indicated that they were ‘satisfied’ care was compassionate.

**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
<b>Total number of areas for improvement</b>	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.**

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are maintained in a paper format and accessible to all staff. The inspector noted that policies and procedures were reviewed and managed by the Older People Primary Care (OPPC) Directorate in the SHSCT.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individual person centred care
- individualised risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the SHSCT referral information.

The agency maintains and implements a policy relating to complaints and compliments.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The agency maintains a quality monitoring system which provides a thorough standard of monitoring in accordance with RQIA guidance.

**Staff comments:**

- “We work together with managers.”
- “We have a lot of contact with our line manager.”

**Community professional comments:**

- “The manager leads the service very well.”
- “We have a good multi-disciplinary joined up working approach.”

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

Of the eight responses returned by staff, five indicated they were 'very satisfied' that the service was well led and three indicated that they were 'satisfied' the service was well led.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's 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
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Ciara McCrink, 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/or 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall-</p> <p>(a) be consistent with any plan for the care of the service user prepared by an Health and Social Services or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Head of Service of Domiciliary Care has communicated with Head's of Service for all Programmes of Care / Commissioning Team's to advise of need for the appropriate and relevant documentation and recording in relation to restrictive practice and that care packages will not be commenced without the appropriate documentation in place.</p> <ul style="list-style-type: none"> <li>- Current cases where there is restrictive practice and no appropriate documentation to be identified both on DC1 and risk assessments these are to be communicated to the Key Worker for follow up in relation to completion of paperwork.</li> <li>- Southern Health and Social Care Trust is planning to hold training sessions in October, November and December 2018 in relation to Restrictive Practice in Adult Services. Registered Manager and Domiciliary Care Supervisors to attend.</li> <li>- Local engagement to happen between the Registered Manager and commissioning team leaders to ensure that follow up is occurring.</li> </ul>



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care