

Unannounced Care Inspection Report

24 October 2016



Trust Domiciliary Service - Banbridge and Craigavon

Type of service: Domiciliary Care Agency

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Inspectors: Caroline Rix and Aileen Aupy

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Trust Domiciliary Service - Banbridge and Craigavon took place on 24 October 2016 from 09.30 to 15.15 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care 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. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

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 and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. 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. 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 supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. 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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mel Byrne, registered manager, 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

Registered organisation/registered person: Southern HSC Trust/Francis Rice	Registered manager: Mel Byrne
Person in charge of the service at the time of inspection: Mel Byrne	Date manager registered: 22 April 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Review of User Consultation Officer (UCO) report.

Prior to the inspection the UCO spoke with five service users and eight relatives, either in their own home or by telephone, on 19 October 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals

The UCO also reviewed the agency's documentation relating to four service users.

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

- Discussion with the registered manager
- Consultation with three care workers
- Examination of records
- File audits
- Evaluation and feedback

On the day of inspection the inspectors met with three care workers to discuss their views regarding care 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 was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Four completed 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:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff Handbook
- Minutes of staff meetings held from June to October 2016
- Service user compliments log
- Complaints log and records
- Monthly monitoring reports for June to September 2016
- Annual quality report 2015/2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, appraisal, induction, training and development, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 7 December 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

The agency currently provides services to 964 service users living in their own homes.

A range of policies and procedures was reviewed relating to staff selection, recruitment and induction training and found to be in compliance with relevant regulations and standards.

The organisation, Southern Health and Social Care Trust (SHSCT) Human Resources Department, in conjunction with Business Services Organisation (BSO), manages and

co-ordinates the staff recruitment and selection function for the trust domiciliary care services. The human resources officer had provided written confirmation to the registered manager verifying all the pre-employment information and documentation has been obtained relating to each new domiciliary care worker. The registered manager confirmed that the pre-employment information is available for review at any time. Four staff files were sampled relating to recruitment details, which contained written verification that the pre-employment information and documents had been obtained and reviewed as satisfactory. One of the three care staff interviewed, who had commenced employment within the six months, described the recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained.

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 care 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; examples given included manual handling skills, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers 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."
- "Have become like family."
- "They treat me very well."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed.

The agency's 'Protection of Vulnerable Adults and Safeguarding Children' policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered manager who agreed to discuss with the organisations senior management. The inspector was provided with information that contained satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document. The registered manager confirmed that the revised DHSSPSNI guidance would be included within the update training on Protection of Vulnerable Adults scheduled for all care workers.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Each of the three care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme. Competency assessments in the area of safeguarding vulnerable groups and manual handling were reviewed and found to be appropriately detailed. The inspectors reviewed competency assessments for four staff members during inspection which were signed off by the trainer and manager. Review of staff training for all staff on the agency's training matrix for 2016/2017 included each of the required mandatory training subject areas along with other training relevant to service users' care needs e.g. palliative care and dementia awareness. The agency provides bespoke staff training on a case by case basis relating to specific service users, to ensure their care needs can be met. Staff interviewed described the value of the additional training received in improving the quality of care they provided.

Staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm.

The agency's registered premises had relocated in January 2016 to Banbridge Health and Care Centre and included a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose. The care workers interviewed confirmed that the relocation of the agency office to new premises had been an improvement in relation to available car parking space when calling into the office for documentation or supplies. The amalgamation of the Banbridge and Craigavon domiciliary care services within the new premises was described by the registered manager as beneficial in respect of his role.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 carers' timekeeping or that care has been rushed. 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 carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from the Southern Trust's domiciliary care service were raised with the UCO. A number of the service users and relatives interviewed were able to confirm home visits and trust reviews have taken

place and they have received questionnaires from the agency to obtain their views on the service.

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

- “My XXX gets excellent care.”
- “No issues with the carers.”
- “Couldn’t complain.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to four service users.

The agency’s policy and procedure on ‘Recording and Reporting Care Practices’ was viewed and found to contain clear guidance for staff. The inspectors reviewed four completed daily log records returned from service users’ homes. The registered manager confirmed an audit of recording practice had been carried out by senior staff, with no practice issue identified. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users’ needs were identified.

The registered manager confirmed ongoing discussion of records management during team meetings and training updates; discussion with care workers during the inspection supported on-going review of this topic. Minutes of staff meetings viewed for August and October 2016 confirmed this area had been discussed.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust on their DC1 forms. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments contained evidence that service users’ and/or representatives’ views had been obtained and where possible, incorporated.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency is usually invited to attend or contribute in writing to the commissioning trust arranged care review meetings with service users/representatives where issues have been identified. The registered manager confirmed they receive an amendment form from the trust detailing any agreed change to the original care plan.

Service user records evidenced that the agency carried out monitoring visits with service users regularly, along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and trust care managers where changing needs were identified and reassessments resulted in amended care plans.

The inspectors reviewed the agency’s procedure on ‘management of missed calls’ which provided clear guidance for staff; the registered manager confirmed that there had been a number of missed calls to service user during 2016. Records evidenced that these matters had been appropriately managed and addressed with the relevant supervisors and care workers.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed. Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home.

Staff supervision processes (spot check, supervision and appraisal which take place once per year for each process and staff member) were reviewed for four staff members and found to be in compliance with the agency policy timeframes.

Staff questionnaires received by RQIA indicated that they received supervision meetings and an annual appraisal.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 and questionnaires to ensure satisfaction with the care that has been provided by the Southern Trust's domiciliary care service. Examples of some of the comments made by service users or their relatives are listed below:

- "XXX enjoys the craic with the carers."
- "Always a smile on their face."
- "Like part of the family."

Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

The agency had requested the views from a sample of service users/relatives on the services being provided via their annual satisfaction questionnaires. The agency had completed an annual quality review report for 2015/16, with a summary report of findings and the improvements they planned to implement. The registered manager confirmed the improvements identified following their review were being introduced. The registered manager confirmed all service users had been provided with a copy of the annual report during August 2016.

The inspectors confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed by the inspectors no staff practice issues were identified for improvement.

The agency's compliments records were viewed; these contained extremely positive feedback from service users/relatives and social workers which had been shared with staff individually and at team meetings. Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'The care was above and beyond the call of duty, the carers were outstanding.' (Thank you email from a service user's relative).
- 'Thank you for the excellent care, they were so good to him in every way help.' (Thank you card from a service user's relative).

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Mel Byrne; a business manager; a monitoring manager; care supervisors; and a team of care workers provides domiciliary care and support to 964 people living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the registered manager, and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures in a range of formats.

The arrangements for policies and procedures to be reviewed, at least every three years, was found to have been implemented as part of the organisations governance department, with all of the policies sampled reviewed as required.

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.

The agency's complaints procedure viewed was found to be in line with regulations and standards, however should be revised to include the contact details of the Northern Ireland Public Services Ombudsman in light of recent changes to this organisation. The registered manager indicated that revised information would be shared with service users during upcoming review visits.

Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 1 April 2015 to inspection date 24 October 2016 with a number of complaints recorded. The inspectors reviewed a sample of two complaints records which supported appropriate management, review and resolution of each complaint. Records evidenced effective liaison with the trust key worker to resolve matters.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken on receipt of incident reports.

The inspectors reviewed the monthly monitoring reports for June to September 2016. These reports were found to be comprehensive and evidenced that the designated person had been monitoring the quality of service provided in accordance with minimum standards.

The staff interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service users' needs.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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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