

Unannounced Care Inspection Report 5 September 2018



Age NI, Castlewellan

Type of Service: Domiciliary Care Agency
Address: 4 Dublin Road, Castlewellan, BT31 9AG
Tel No: 028 4377 0657
Inspector: Aveen Donnelly
User Consultation Officer (UCO): Clair McConnell

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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

Age NI Castlewellan is a domiciliary care agency based in 4 Dublin Road, Castlewellan. The agency provides care and support to 42 individuals living in their own homes who have their services commissioned by the South Eastern Health and Social Care Trust (SEHSCT). Services provided include personal care, medication support and meal provision.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual: Linda Robinson	Registered Manager: Leeanne McEvoy
Person in charge at the time of inspection: Leeanne McEvoy	Date manager registered: 23 August 2018

4.0 Inspection summary

An unannounced inspection took place on 5 September 2018 from 10.15 to 13.30 hours.

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

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

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding and risk management. Care records were well maintained. Communication between service users, agency staff and other key stakeholders was well maintained. The culture and ethos of care in the agency, generally promoted treating service users with dignity and respect. There were good governance and management arrangements in relation to the day to day operations of the service.

Areas for improvement related to the recruitment processes and the Annual Quality Report.

Service users' representatives spoke positively in relation to the care and support provided.

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
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Leeanne McEvoy, 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 31 July 2017

No further actions were required to be taken following the most recent inspection on 31 July 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 reports
- all correspondence received by RQIA since the previous inspection

The following records were examined during the inspection:

- two staff induction records
- two staff supervision and appraisal records
- staff training records for 2017/2018
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- two service user records regarding review, assessment, care planning and quality monitoring
- daily logs returned from the service users' homes
- RQIA registration certificate
- a selection of policies and procedures
- complaints and compliments records
- service user guide/agreements
- statement of purpose
- manager's service user audits
- monthly quality monitoring reports

As part of the inspection the User Consultation Officer (UCO) spoke with five service users and seven relatives, either in their own home or by telephone, on 23 and 24 August 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with management of medication, assistance with personal care and meal provision. The UCO also reviewed the agency's documentation relating to five service users.

During the inspection the inspector spoke with the manager, four care staff and two HSC representatives.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 July 2017

There were no areas for improvement made as a result of the last care inspection undertaken on 31 July 2017.

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 agency's registered premises are located at 4 Dublin Road, Castlewellan and were suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of two senior carers and a team of carers. The agency's staffing arrangements were discussed and the inspector was advised that there were sufficient staff employed, to meet the current level of care provision. No concerns were raised in relation to the staffing provision.

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 Age NI. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and 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 of care given included manual handling, use of equipment and management of medication. 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:

- "Consistency is great. We've got to know them all."
- "Couldn't say a bad word about them. They're brilliant."
- "Valuable service. Allows (service user's name) to remain at home."

The agency had a dedicated human resources department which oversees the recruitment processes. The manager was generally knowledgeable in relation to the recruitment processes; however, a review of two staff records evidenced that the statement pertaining to staff' mental and physical fitness to work had not been signed by the manager in a timely manner. An area for improvement has been made in this regard.

There was a system in place to monitor the registration status of staff in accordance with NISCC.

A review of records confirmed that all staff, had received a structured induction programme in line with the timescales outlined within the regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance. Staff consulted with confirmed that this included mentoring through observation of practice, formal supervision meetings and appraisals.

A review of the personnel files identified that training had been provided in all mandatory areas. Additional training had been provided in relation to managing challenging behaviour and Dementia Awareness. Compliance with training was monitored on a regular basis by the manager and as part of the monthly quality monitoring processes.

Staff spoken with were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the responsible individual holds this responsibility and ensures that the agency’s safeguarding activity is in accordance with the regional policy and procedures. The manager advised that there had been no actual or potential incidents referred to adult safeguarding from the last care inspection.

Discussion with the manager and a review of the accident and incident records confirmed that no incidents had occurred from the last care inspection. There was a system in place to ensure that any incidents would be recorded and notified to the HSC Trust in keeping with local protocols.

During the inspection the inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that Trust risk assessment and care plans were in place.

Service user records were stored appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and support. Staff were knowledgeable in relation to their responsibilities in adult safeguarding and risk management.

Areas for improvement

An area for improvement related to the recruitment processes.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency’s arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

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 experienced any missed calls from the agency. Confirmation was received that service users are usually introduced to new carers by a regular member of staff and that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Age NI were raised with the UCO. 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 they had received a questionnaire from the agency.

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

- “Really good communication with us.”
- “Never let me down.”
- “No concerns at all.”

As part of the home visits the UCO reviewed the agency's documentation in relation to five service users. Two care plans require to be updated. The inspector discussed this matter with the manager during the inspection and was satisfied that this was being addressed.

The inspector examined two service users' care records and found these to be detailed, personalised and reflective of the level of care and support provided.

The manager advised that care reviews with the HSC Trusts were held annually or as required and that agency staff attended, when invited. The records reviewed identified that service user monitoring had taken place in keeping with the agency's policy and procedures.

Service User Agreements were confirmed as having been provided to service users, in keeping with the minimum standards.

The review of the daily notes, returned from service users' homes identified that the care and support had been provided, as per the care plan agreed by the commissioning Trusts.

Quality monitoring reports indicated consultation with a range of service users, relatives and HSC Trust representatives.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required.

Staff consulted with stated that they felt that there was effective communication between all grades of staff.

Areas of good practice

There were examples of good practice found in relation to the review of care needs and the agency's engagement with the service users.

Areas for improvement

No areas for improvement were identified in this domain 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.

The agency carried out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users' needs.

Observation of staff practice carried out within service users' homes on a regular basis was confirmed during inspection through records viewed in the agency office. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks and this was confirmed by the manager.

Staff members spoken with described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy. Staff rotas were noted to contain service users' reference numbers, rather than the service users' names. This reflected high standards of data protection and safeguarding of information.

A review of the compliments records evidenced that the staff treated service users with respect and dignity. Compliment records included praise and gratitude for all the care and support provided. Comments reflected that the care staff were 'amazing and inspirational' and that they 'became like family members in such a short time'.

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 had been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Age NI. Examples of some of the comments made by service users or their relatives are listed below:

- "We enjoy having a joke and a laugh with them."
- "More than just a job to them. They really care."
- "Love to see them coming in."

As part of the inspection process, the inspector spoke with four staff members and two HSC representative. Some comments received are detailed below:

Staff

- "It is very good."
- "I feel we are giving an excellent service."
- "It is perfect, everything is fine."
- "The quality of care is second to none, on the whole it is a good enough place to work for."

Trust representatives

- “There are never any concerns regarding Age NI, everybody is always happy with them.”
- “They are very good, communication is good, never any concerns with Age NI.”

Seventeen staff provided electronic feedback to RQIA regarding the quality of service provision. All respondents indicated that they felt either ‘satisfied’ or ‘very satisfied’ the care provided was safe, effective and compassionate and that the service was well led. No written comments were received.

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. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified in this domain 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 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 organisational and management structure of the agency were outlined in the Statement of Purpose; it details lines of accountability. Discussion with staff indicated they understood the organisational structure within the agency and their role and responsibilities.

There was a process in place to ensure that the agency’s policies and procedures would be systematically reviewed.

There was a process in place to ensure that complaints would be managed in line with the regulations and minimum standards. The inspector acknowledged that there had only been one complaint received by the agency since the last care inspection and this had been managed appropriately.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of service users. The agency collected equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information. Equality training had also been provided to staff.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011.

The annual quality review report, dated April 2018 was reviewed. Although the report included feedback from service users and their representatives in relation to the quality of care provided by the agency, it did not include staff comments or feedback from trust representatives. Difficulties in ascertaining commissioner feedback was discussed with the manager and advice was given in this regard. This has been identified as an area for improvement.

The staff members consulted with indicated that the manager was supportive and approachable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with key stakeholders.

Areas for improvement

An area for improvement related to the annual quality report.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with LeeAnne McEvoy, 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 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>Area for improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <p>(d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This refers specifically to a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Agreed to review policy</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2019</p>	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: this process in underway for 18/19 review year.</p>



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