



The Regulation and
Quality Improvement
Authority

Age NI, Castlewellan
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**Unannounced Care Inspection
of
Age NI, Castlewellan**

22 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 22 October 2015 from 09.30 to 14.00 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

The details of the QIP within this report were discussed with the registered manager Patricia Doyle as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Age NI/Ms Linda Robinson (Acting, registration pending)	Registered Manager: Mrs Patricia Ann Doyle
Person in charge of the agency at the time of Inspection: Mrs Patricia Ann Doyle	Date Manager Registered: 11 May 2009
Number of service users in receipt of a service on the day of Inspection: 51	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

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

- Prior to inspection the following records were analysed: Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015

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

- Discussion with the registered manager.
- Consultation with four care staff.
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Four service user records in respect of the agency quality monitoring via face to face contact.
- Three staff meeting agendas and minutes for March, June and September 2015
- Two staff training records
- Four staff quality monitoring records
- Staff duty rota for the week of inspection.
- Monthly monitoring reports for July August and September 2015
- Annual quality report
- Management staff daily contact log records for September 2015
- On call rota
- Two communication records with trust professionals
- Duty file

Following the inspection the inspector spoke with five relatives by telephone to obtain their views of the service. The service users interviewed live in the Downpatrick and Newcastle areas and receive assistance with the following: Management of medication, personal care, meal preparation and sitting service. Feedback received is included within the body of this report.

On the day of inspection the inspector met with three care staff to discuss their views regarding care provided within the agency, staff training and staffs' general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report. The inspector gave the registered manager ten questionnaires to distribute to randomly selected staff members for their completion asking for their views regarding the

service. There were four staff questionnaires returned to RQIA at the time of writing this report and findings are reflected within this report.

Profile of Service

Age NI (Castlewellan) provides domiciliary care services over a 24 hour period in the Downpatrick, Castlewellan and Newcastle areas for older people over 60 years of age. The service provides a full range of personal care within individual homes. The agency provides care to 51 service users (2 less than the previous inspection) with a staff team of 27 carers (1 more than the previous inspection). The service is needs led and referrals are taken from the South Eastern Health and Social Care Trust.

The Inspection

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 13 October 2014. The completed QIP was returned and approved by the care inspector.

4.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15(2)(a)(b)(c) Regulation 15 (11)</p>	<p>The registered manager is required to ensure that service user restraint is detailed on the service user care plan and risk assessment for current and all future service users.</p> <p>As discussed within theme two, criteria one of this report.</p> <p>(Minimum standard 3.2)</p> <p>Action taken as confirmed during the inspection: Inspector confirmed within the service user file, that measures which could be considered as restraint had been detailed on the service user care plan and risk assessment. An email sent by the registered manager to trust staff advised that service user restraint is to be detailed on the service user care plan and risk assessment for current and all future service users.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 13 and Schedule 3</p>	<p>The registered person/manager is required to ensure a statement regarding staff fitness forms part of the recruitment procedure.</p> <p>As discussed within theme three, criteria one of this report.</p>	Not Met

	<p>Action taken as confirmed during the inspection: The registered manager obtained evidence from head office in the form of a record confirming staff fitness which is stored in the recruitment file. This record contained a signed statement verifying fitness for work. The statement had been signed by senior staff within the organisation but not by the responsible person or registered manager therefore this requirement will be restated.</p>	
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5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

The documentation relating to four service users was reviewed by the inspector during the inspection. Service user referral information received from HSC Trust commissioners contained a good level of information regarding service user and/or representative's views. The referrals detailed a care plan and risk assessment. The agency care plans and risk assessments completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. Service user guides and agreements had been provided to service users and were signed by service users or their relative.

The inspector was advised by three relatives that 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 the carer's knowledge of the required care. One relative said they had only one occasion when a member of staff did not know the routine to be followed with the service user.

Is Care Effective?

The inspector was informed by four of the people interviewed that they had not made any complaints regarding the service. Three are aware of whom they should contact if any issues arise and the inspector advised the other relatives who were unsure who to contact, of the manager's contact details. One representative detailed a concern which had been raised by telephone to the agency some time ago and had been resolved satisfactorily.

The complaints records sampled during inspection were found to be appropriately detailed and demonstrated the actions taken to resolve the matters in a timely manner.

Management either visit or telephone service users or their next of kin on a regular basis to discuss their care and two people interviewed were able to confirm that observation of staff had taken place. Review of staff quality monitoring during inspection confirmed a process which is recorded on a form described as supervision/ spot check.

No staff practice issues were identified during these spot checks and records noted positive comments received from service users/relatives regarding staff eg:

- “Staff are great”
- “They are never late”
- “They treat my mother very well”

The most recent monthly monitoring reports reviewed evidenced working practises are being systematically reviewed along with detailed information relating to ongoing quality monitoring feedback.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users’ needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. One staff member interviewed had only recently commenced working for the agency. The inspector requested to see induction records which were not available. The registered manager confirmed that the staff member was continuing to shadow more experienced staff and that the new care worker had attended training in Moving and Handling. Patricia Doyle registered manager also stated that further training had been scheduled for November 2015.

A requirement has been made to ensure that new workers are provided with appropriately structured induction training lasting a minimum of three full working days.

Is Care Compassionate?

The people interviewed by the inspector raised no concerns regarding the quality of care being provided by the carers from Age NI currently. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible but one carer did say that this is not always the case. While others said there was a pool of staff who regularly attend to their relatives’ needs.

Service users’ relatives also informed the inspector that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition and treat service users with dignity and respect.

Staff interviewed confirmed that service users’ views and experiences are taken into account in the way service is delivered. Service users and their relatives were invited to meeting in June 2015 facilitated by Age NI to discuss domiciliary care issues. This year the service used focus groups to gain information about the quality of service provided by Age NI and case studies within the report reflected the positive impact of the service on the quality of care service users were experiencing. Questionnaires are sent out to service users and their relatives annually and the 2014/2015 Domiciliary Care Quality Survey viewed by the inspector reflects the findings which are generally very positive.

Areas for Improvement

Ensure that new workers are provided with appropriately structured induction training lasting a minimum of three full working days.

Number of Requirements:	1	Number of Recommendations:	0
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives. These included daily contacts, on call arrangements and management of missed calls. The agency does keep a record of missed calls and the inspector noted that there had been three missed calls since records began in June 2015. Review of the staff rota during inspection reflected a process for allocating the staff members to service user calls. Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails and evidence of these communications were verified during the inspection.

Is Care Effective?

The inspector was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and four out of five relatives confirmed that the agency would contact them if their carer had been significantly delayed.

Staff interviewed confirmed that they felt supported by senior staff. They demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home. One staff member spoken to on the day of inspection was critical of visits lasting only fifteen minutes explaining;

"Fifteen minute calls are awful, you are afraid to start a conversation because you may not get time to finish it"

Three staff questionnaires were returned to RQIA by agency staff. One person indicated that that they were not satisfied they had time to listen and talk to service users and commented;

"In my experience of working in the community with various agencies time is a problem."

Is Care Compassionate?

As previously detailed under theme one of this report; service users' relatives highlighted service quality in general to be good with appropriately trained and skilled staff who delivered compassionate care.

Staff spoken with on the inspection day demonstrated an enthusiasm for their work and a desire to do their best within the times allocated to care for people in their own homes.

Areas for Improvement

The agency has met the required standards in respect of theme two for the areas reviewed.

Number of Requirements:	0	Number of Recommendations:	0
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6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Patricia Doyle registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk (paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 13 Schedule 3 Stated: Second time To be Completed by: 17 December 2015	The registered person/manager is required to ensure a statement regarding staff fitness forms part of the recruitment procedure. As discussed in the review of requirements and recommendations from the previous inspection section of this report.		
	Response by Registered Person(s) Detailing the Actions Taken: Statement forms part of recruitment process and is signed by registered manager.		
Requirement 2 Ref: Regulation 16 (5) Stated: First time To be Completed by: Immediate and ongoing	The registered person must ensure that each new domiciliary care worker is provided with appropriately structured induction training lasting a minimum of three full working days. As discussed in theme one of this report.		
	Response by Registered Person(s) Detailing the Actions Taken: Structured three day induction programme in place and has now been completed by all new domiciliary care workers		
Registered Manager Completing QIP	.Patricia Doyle	Date Completed	8/12/15
Registered Person Approving QIP	Linda Robinson	Date Approved	10/12/15
RQIA Inspector Assessing Response	Michele Kelly	Date Approved	14/12/15

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address