

Unannounced Domiciliary Care Agency Inspection Report 26 April 2016



Age NI, Castlewellan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Age NI, Castlewellan took place on 26 April 2016 from 09:45 to 15:15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

No areas for quality improvement were identified during this inspection.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

One area for improvement was recommended regarding inclusion of staff and commissioners in the annual quality review process and report.

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 during this inspection.

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 during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

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

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

This inspection resulted in one recommendation being made. Findings of the inspection were discussed with Mrs Patricia Doyle, registered manager, and the senior carer as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation / registered person: Age NI/Ms Linda Robinson	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

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report;
- Previous quality improvement plan (QIP);
- Record of notifiable events for 2015/2016;
- Record of complaints notified to the agency

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

- Discussion with the registered manager and senior carer;
- Consultation with three staff;
- User Consultation Officer (UCO) report;
- Examination of records;
- File audits;
- Evaluation and feedback.

During the inspection the UCO spoke with six service users and three relatives, in their own home, on 26 April 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.

On the day of inspection the inspector met with three care staff to discuss their views regarding care provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Four staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Recruitment policy and procedure;
- Three recently recruited staff members records;
- Induction policy and procedure, programme of induction and supporting templates;
- Three recently recruited staff members induction and training records;
- Training and development policy and procedure;
- Supervision and appraisal policy and procedure;
- Three long term staff members quality monitoring, supervision and appraisal records;
- Three long term staff members training records;
- Three staff duty rotas;
- Vulnerable adults policy and procedure;
- Whistleblowing policy and procedure;
- One vulnerable adult record;
- Management, control and monitoring of the agency policy and procedure;
- Three new service user records regarding referral, assessment, care planning and review;
- Three long term service user records regarding review, reassessment and risk assessment;
- Three long term service users quality monitoring records;
- Quality improvement policy and procedure;
- Record and reporting care practices policy and procedure;
- The agency's service user guide/agreement;

- The agency’s statement of purpose;
- Three service users’ home recording records;
- Three monthly monitoring reports completed by the registered provider;
- 2015 Annual quality report;
- Three compliments;
- Two staff meeting minutes;
- Two emails to trust professionals/keyworkers regarding changes to service users care;
- Confidentiality policy and procedure;
- Complaints policy and procedure;
- One complaint record;
- Staff team meeting minutes regarding annual quality survey feedback;
- Policies on reporting adverse incidents and untoward incidents;
- One incident record

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22 October 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last inspection dated 22 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 Schedule 3 Stated: Second time	The registered person/manager is required to ensure a statement regarding staff fitness forms part of the recruitment procedure.	Met
	Action taken as confirmed during the inspection: Review of three staff files updated since the previous inspection confirmed compliance with Regulation 13, Schedule 3.	

Requirement 2 Ref: Regulation 16 (5) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of one recently recruited staff file confirmed compliance with Regulation 16(5).	

4.3 Is care safe?

The agency currently provides services to 80 people living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. The agency do not currently incorporate elements of the Northern Ireland Social Care Council (NISCC) induction standards within their induction process as staff are not currently required to be registered with NISCC. The agency manager confirmed plans to register staff in line with NISCC timeframes and at that point will fully implement the NISCC induction standards. Three care staff interviewed during the inspection day, had commenced employment a number of years previous. These staff described their recruitment and induction training processes in line with those found within the agency procedures and records.

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 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 the new carer's knowledge of the care to be delivered to the service user.

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

- "Very happy with the service".
- "Couldn't do without them".
- "Delighted with the service".

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance as required. This was updated during the inspection to 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'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas. This training is facilitated by external agencies. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

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

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 also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A sample of three service user files confirmed that agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained the agency was seldom invited to contribute either in writing or attend the commissioning trust arranged care review meetings with service users/representatives. The agency manager confirmed that trust representatives were contactable when required. The registered manager confirmed the agency complete their own programme of quality monitoring in line with the agency policy and procedure and provide feedback to the trust commissioners as necessary. Feedback in this regard was reviewed within several service user files during inspection.

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

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

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 effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not 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 Age NI were raised with the UCO. The service users and relatives advised that home visits by management have taken place on a regular basis and questionnaires have been sent out by the agency to obtain their views on the service. The majority of the service users and relatives interviewed by the UCO confirmed that they have been involved in trust reviews regarding their care package.

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

- "First class".
- "Very happy with them".
- "The manager runs a good service".

During the home visits, the UCO reviewed the agency's documentation in relation to four service users and one care plan required to be updated. This was shared with the manager who provides assurances to address this matter.

The agency's recording policy and associated procedures on 'Recording and reporting care practices' had been revised in 2016. The agency maintained recording templates in each service user's home file on which care workers recorded their visits. The inspector reviewed three completed records returned from service user's homes, which confirmed appropriate procedures. Appropriate recording was also confirmed during the UCO review of home records as detailed above.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior carer or manager if any changes to service users' needs are identified. Staff questionnaire feedback confirmed ongoing monitoring/spot checks were being completed by their manager to ensure effective service delivery.

The registered manager confirmed discussion of records management during staff team meetings and during training updates, discussion with three staff during the inspection supported ongoing review of this topic. Minutes of staff meetings were reviewed during inspection and supported these updates.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant risk assessments. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carries out care reviews with service users three monthly along with annual questionnaires to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments result in amended care plans. The agency also maintain a system of providing updates to trust professionals and evidence of this process was reviewed during inspection.

The agency had completed their annual quality review report for 2015, with a summary report of findings and improvements planned. The registered manager confirmed the summary report is provided to all service users at service commencement and during service user quarterly quality visits. Although feedback is obtained from staff this is not currently reflected in the annual quality report and feedback from commissioners is not currently sought. The inspector discussed this with the manager and has made a recommendation in this regard. The manager informed the inspector that feedback from commissioners and staff would be detailed in future quality review processes. The inspector reflected that this would be a progressive quality assurance measure.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or with changes to existing service users care plans. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

Areas for improvement

One area for improvement was identified during the inspection.

The agency has been recommended to include staff and commissioners into the annual quality review process for the agency.

Number of requirements:	0	Number of recommendations:	1
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4.5 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 was not being 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 on a regular basis to ensure satisfaction with the care being provided by Age NI. Examples of some of the comments made by service users or their relatives are listed below:

- “Very kind service users and relatives”
- “They’re very good to me”
- “Very lucky with my girls”

Records viewed in the agency office and discussions with staff confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits. This was confirmed during discussions with the manager.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care. One staff survey stated ‘Age NI provide a good service to patients, staff carry out their jobs efficiently and to the best standard for quality care’.

The agency implement service user quality monitoring practices on a quarterly basis through home visits. Quality monitoring from this process alongside monthly registered person/manager contact (monthly quality reports) and the annual quality review of services evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Very happy, staff are very good’ (Service user feedback obtained during monthly quality monitoring by registered person)
- ‘Absolutely fantastic, you couldn’t ask for more’ (NOK feedback obtained during monthly quality monitoring by registered person)
- ‘Very competent, very good care, very professional and excellent’ (Commissioner feedback obtained during monthly quality monitoring by registered person)

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager Mrs Patricia Doyle the agency provide domiciliary care and support to 80 people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

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

The policy and procedure manual was reviewed and contents discussed with the registered manager and senior carer. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

All of the people 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 appropriately detailed, including the contact information of independent advocacy services. The complaints information was also reviewed within the service user guide during inspection.

The complaints log was viewed for 2015 and 2016 to date, with one complaint recorded. Review of this complaint record supported appropriate review and resolution. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. One reportable incident had occurred since the previous inspection and had been appropriately notified to RQIA. All records were centrally retained for inspection review.

No commissioning trust contract compliance matters had arisen since the previous inspection.

The inspector reviewed the monthly monitoring reports for February to April 2016. These reports evidenced that the director aligned by the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

The three care workers interviewed indicated that they felt supported by senior staff who were described as approachable and always available. The on-call system in operation was described as invaluable to them for sharing concerns, seeking advice but also as a support and reassurance outside office hours. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff also supported that current staffing arrangements are appropriate in meeting service users' needs and this was also reflected in staff questionnaires returned to RQIA.

Ongoing electronic and written communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

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

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Patricia Doyle registered manager and senior carer 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to Agencies.Team@rqia.org.uk 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 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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 26 October 2016</p>	<p>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>(In relation to staff and commissioner feedback).</p> <p>Response by registered person detailing the actions taken: Age NI Annual Quality survey sent to service users and their representatives will also now be sent to staff and commissioners, the timing of this survey has been realigned and will be issued beginning of October.</p>
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