

Unannounced Care Inspection Report 31 July 2017



Age NI, Castlewellan

Type of Service: Domiciliary Care Agency
Address: 4 Dublin Road, Castlewellan, BT31 9AG
Tel No: 02843770657
Inspector: Michele Kelly
User Consultation Officer (UCO): Clair McConnell

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Assurance, Challenge and Improvement in Health and Social Care

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 48 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: Mrs Patricia Ann Doyle
Person in charge at the time of inspection: Senior care worker	Date manager registered: 11/05/2009

4.0 Inspection summary

An unannounced inspection of Age NI, Castlewellan took place on 31 July 2017 from 09:30 to 14.00 hours.

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

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

Evidence of good practice was found in relation to the agency's records in respect of staff supervision and appraisal. Quality monitoring processes in service users' homes was noted to be very regular and thorough.

There were no areas for improvement identified during this inspection

Service users said the service was very reliable and consistent and staff spoken with during inspection provided positive feedback in terms of their work within the agency.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Patricia Doyle, 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.

4.2 Action taken following the most recent care inspection dated 26 April 2016

Other than those actions detailed in the Quality Improvement Plan QIP no further actions were required to be taken following the most recent inspection on 26 April 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Record of notifiable events
- Record of complaints notified to the agency.

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

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

The registered manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting 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.

During the inspection the inspector met with three staff. Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and five relatives, by telephone, on 5 June 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service
- Housework

The following records were examined during the inspection:

- Two staff members' induction and training records
- Three staff members' quality monitoring, supervision and appraisal records
- Four staff members' training records
- Adult safeguarding policy and procedure
- Recruitment policy
- Record keeping policy

- Two service user records regarding referral, assessment and care plan information, service user guide and agreement information
- Three service users' records regarding review and quality monitoring
- The agency's statement of purpose
- Agency process for verifying staff NISCC registration
- Three monthly monitoring reports
- A range of communication records with trust professionals
- Complaints policy and procedure
- Two incident records
- Staff handbook
- A range of compliments.

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 April 2016

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 26 April 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.		Validation of compliance
Area for improvement 1 Ref: Standard 8.12 Stated: First time	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. (In relation to staff and commissioner feedback).	Met

	<p>Action taken as confirmed during the inspection: The inspector viewed the Age NI Quality Survey 2016-2017 and noted staff and commissioner feedback was included.</p>	
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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 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. Some of the people interviewed were able to confirm that 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, 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:

- "It's give me peace of mind that someone checks on XXX when I can't be there."
- "Couldn't say a bad word about any of them."
- "They contact me straight away if anything is wrong."

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and in accordance with related regulations and standards. The 'Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) policy of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'.

Four employee checklists were reviewed relating to staff recruitment. The information reviewed within this sample indicated that these domiciliary care workers had been employed following appropriate recruitment practices..

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Review of four staff files supported a three day induction process in accordance with Regulation 16(5) (a). Staff spoken with during inspection confirmed they had received a three day induction and where necessary extra shadowing days are available when staff or management believe they require additional time. The agency's registered manager confirmed that staff are registered with NISCC. A range of methods used by the agency to inform staff of their requirement to register were reviewed during inspection; these included individual supervision meetings and

staff meetings. The registered manager also discussed that the agency had acted as a pilot area for NISCC registration in September 2016.

Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing. A safeguarding champion has been identified within the agency.

Staff training records viewed confirmed all care staff had completed the required mandatory update training programme. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Records reviewed for four staff members evidenced mandatory training, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

The inspector observed the records management arrangements within the agency and concluded appropriate storage and data protection measures were being maintained.

Four 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. One of four questionnaires returned suggested that more staff were required to meet the needs of service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The UCO was informed by the majority of the service users and relatives interviewed that there were no issues regarding the carers’ timekeeping. No concerns were raised regarding care being rushed or calls being missed. Some of the service users and relatives interviewed were able to confirm that new staff have been introduced by a regular carer.

No issues regarding communication between the service users, relatives and staff from Age NI were raised with the UCO. Some of the service users and relatives advised that home visits or phone calls have taken place; however only one relative confirmed receiving a questionnaire 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:

- “The consistency is great. They know how to communicate with my XXX.”
- “Happy with the girls.”
- “They’re very reliable.”

Service user records viewed on the day of inspection included referral information received from the HSC Trusts. The referrals detailed the services being commissioned and relevant risk assessments. The agency’s care plans and risk assessments completed by staff during their initial service visits contained evidence that service users’ and/or relatives’ views had been obtained and where possible, incorporated.

A sample of three service user files viewed confirmed that the agency management had participated in care reviews .Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans. The inspector also viewed evidence of regular and robust quality monitoring with regular home visits and staff spot checks.

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. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior or manager if any changes to service users’ needs were identified. Staff also demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

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 of good practice

There were examples of good practice found throughout the inspection in relation to quality monitoring in service users’ homes.

Areas for improvement

No areas for improvement were identified 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.

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, phone calls or 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:

- “They’re all very caring.”
- “Cheer XXX up with their chat.”
- “All very pleasant.”

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. One staff member commenting about visiting service users and the time limits for each call described the importance of:

- “Never leaving the service user without finishing what has to be done”.

Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy and discussed the importance of this in the tight knit community in which they worked

- “We are very tuned in to confidentiality”

As discussed in 6.4, observation of staff practice in service users’ homes had been carried out on regular basis and no shortcomings had been identified.

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.

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. The agency’s daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

Areas for improvement

No areas for improvement were identified 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 complaints had been made regarding the service. An issue raised during discussions with the UCO was investigated by the registered manager and an outcome which satisfied all parties was achieved.

No concerns regarding the management of the agency were raised during the interviews. The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Ms Patricia Doyle, the agency provides domiciliary care to 48 service users living in their own homes.

Review of the Statement of Purpose and 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 and were clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service Users Guide were found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations. The agency's complaints information viewed within the service user guide was also found to be appropriately detailed, including the contact information of independent advocacy services.

The arrangement for policies and procedures to be reviewed at least every three years was found to have been implemented. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency.

The complaints log was viewed for 2016-2017 to date; no complaints had been received since the last inspection. Monthly quality monitoring reports include a section for complaints review ongoing as necessary.

Discussion with the registered person confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. The inspector viewed documentation in relation to a safeguarding matter and was satisfied that concerns and potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

The inspector reviewed the monthly monitoring reports for May, June, July 2017. The reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users' needs. Three support staff spoken with indicated that they felt supported by their manager and senior staff; they described them as always available with an open door policy. Staff confirmed

they are always communicated with regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff questionnaires received supported the service being well led with all staff indicating satisfaction with the agency management systems.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality monitoring. Adult safeguarding had been appropriately managed and ongoing review of service user's care and support was evident.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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