

Unannounced Domiciliary Care Agency Inspection Report 9 May 2016



Carepoint NI

**Address: Unit 1A Markethill Business Centre, 8 Fairgreen Road,
Markethill BT60 1PW
Tel No: 02837539463**

Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Carepoint NI took place on 9 May 2016 from 09.30 to 16.15 hours.

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 ensured 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.

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, 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

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

Details of the inspection findings were discussed with Deirdre Conlon, registered person/manager, as part of the inspection process, with no areas for quality improvement identified.

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 organization/registered person: Carepoint NI/Deirdre Mairead Conlon	Registered manager: Deirdre Mairead Conlon
Person in charge of the agency at the time of inspection: Deirdre Mairead Conlon	Date manager registered: 19 May 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016

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

- Discussion with the registered person/manager
- Consultation with two staff
- Examination of records
- File audits
- Evaluation and feedback

On the day of inspection the inspector spoke with four service users and two relatives in their own homes to obtain their views of the service. The service users/relatives interviewed informed the inspector that they received assistance with the following:

- Management of medication
- Personal care
- Meals

The inspector met with two care staff, on the day of inspection, 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 person/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. Three 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
- One staff recruitment and induction record
- Staff training schedule and records
- Four staff quality monitoring records
- Staff duty rotas
- Minutes of staff meetings in March and April 2016
- Service user compliments received from April 2015 to March 2016
- Complaint log and records
- Monthly monitoring reports for January to April 2016
- Annual Quality Report 2015
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, incident notification, management of missed calls and complaints
- Manager's daily contact log records for March and April 2016
- Record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 April 2015

The most recent inspection of the agency was an unannounced care inspection. 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 128 service users living in their own homes. The inspector reviewed staffing arrangements within the agency.

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

One file was sampled relating to a recently appointed care worker which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with this new staff member. A competency assessment had been carried out for the new care worker and subsequent supervision records maintained.

The inspector was advised by all of the people interviewed that there were no concerns regarding the safety of care being provided by Carepoint 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 the carer's knowledge of the care required.

No issues regarding the care workers' training were raised with the inspector; service users/relatives discussed examples of care delivered by staff that included use of equipment and supporting service users with memory loss and limited communication. All of the service users/relatives interviewed confirmed that if they had a concern they could approach carer workers and/or office staff.

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

- “The carers are great; I couldn't manage without their help.”
- “The girls are so reliable, even in bad weather; look after me better than I ever expected.”
- “Great service; caring and trustworthy staff.”

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The 'Vulnerable Adult Protection Policy and Procedure' provided information and guidance as required. This document had been revised in September 2015 to incorporate 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 person/manager who confirmed care workers had been provided with updated information during team meetings in December 2015 and March 2016 which referenced the DHSSPSNI guidance document. The agency's 'Whistleblowing Policy and Procedure' was found to be satisfactory.

Staff training in the area of safeguarding adults and whistleblowing takes place two yearly for all staff. Training records viewed for 2015/16 confirmed all care workers had completed the required mandatory update training programme. Details of training during 2015/16 was reviewed on the agency training plan/scheduling tool and verified in four care worker files during inspection. This scheduling tool clearly highlights when refresher/update training is due for all care workers on each mandatory training subject.

A competency assessment tool is in place post staff training for all areas including the area of safeguarding adults. The records were reviewed in four care worker files which confirmed appropriate post training assessments had been completed.

Each of the two 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. Staff questionnaires received by the inspector confirmed that staff felt service users were safe and protected from harm.

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.

The agency’s registered premises had relocated in March 2016 and include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose. Two care workers interviewed confirmed that the relocation of the agency office to new premises in Markethill had been an improvement in relation to their calling into the office for documentation or supplies. 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
--------------------------------	----------	-----------------------------------	----------

4.3 Is care effective?

The inspector was informed by the service users/relatives interviewed that there were no concerns regarding carers’ timekeeping and that care was not felt to have been rushed. The service users/relatives also advised that they had not experienced any missed calls from the agency.

Service user records viewed in the agency office included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency 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.

The service users/relatives confirmed that management from the agency carry out regular home visits and phone calls, and they also received satisfaction questionnaires from Carepoint NI asking for their views on the service. Two of the service users and relatives interviewed by the inspector confirmed that they are involved in trust reviews regarding the care package. A sample of four service user files confirmed that the agency manager had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered person/manager indicated that the agency is occasionally invited to contribute in writing to the commissioning trust care review meetings with service users/representatives.

Service user records evidenced that the agency completed monitoring visits with service users at least six monthly and telephone contacts regularly, along with annual surveys to obtain feedback on services provided. The registered person/manager described the advantages she finds working as part of the hands on care delivery team, in relation to quality monitoring of the service delivery and care workers' practice. 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.

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

The agency had completed an annual quality review report for 2015. The registered person/manager confirmed the annual quality report had been provided to all service users during October 2015. The content of the annual quality review report was found to contain feedback from a variety of stakeholders. The report indicated an on-going quality review process was embedded within the organisation, and is to be commended.

The agency's policy and procedure on records and reporting care practices was viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by the registered person/manager with no practice issues identified.

The registered person/manager confirmed ongoing discussion of records management during staff team meetings and during training updates. Discussions with care workers during the inspection supported ongoing review of this topic. Minutes of staff meetings viewed for March and April 2016 confirmed this area had been discussed.

Care workers interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users' needs were identified. Staff questionnaires received by RQIA indicated that they received monitoring checks by their manager.

Discussions with the registered person/manager, staff, service users and relatives indicated that an appropriate number of skilled and experienced staff is available at all times. Staff rotas viewed reflected staffing levels as described.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.4 Is care compassionate?

All of the service users/relatives interviewed by the inspector felt that care was compassionate, that care workers treat the service user with dignity and respect, and care was not being

rushed. Service users/relatives reported that, as far as possible, they were given choice in regards to meals and personal care. One service user described how the support from the agency enabled him to remain in his own home with his “beloved cats”.

Views of service users and relatives were sought through home visits, phone calls and questionnaires on a regular basis to ensure satisfaction with the care being provided by Carepoint NI.

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

- “Everything the girls do for me is caring, kind and thoughtful.”
- “The care far exceeds what we expected; the girls are unbelievably good.”
- “The girls know how to encourage my XXX to cooperate and are so patient when challenging behaviours occur.”
- The staff couldn’t be better to me.”

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. From the records reviewed by the inspector, a number of staff practice issues were identified during monitoring visits which related to unacceptable staff behaviour. The records reflected that these issues had been appropriately addressed by the agency. It was good to note positive comments from service users had been recorded on their monitoring records.

The agency’s compliments records were viewed; these contained very positive feedback from service users/relatives which had been shared with care workers individually and at team meetings. One example viewed within a thank you card to staff, expressed appreciation to the team for helping the service user prepare for a family wedding.

Care workers interviewed on the day of inspection described aspects of care provision which reflected their understanding of service user choice, dignity and respect.

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
--------------------------------	----------	-----------------------------------	----------

4.5 Is the service well led?

The agency’s RQIA registration certificate was displayed appropriately.

The registered person/manager, Deirdre Conlon, is supported by a general manager in the management of this domiciliary care agency. Under the direction of the management team, care workers provide domiciliary care and support to 128 people living in their own homes.

Discussion with the registered person/manager and care workers interviewed indicated they understood the organisational structure within the agency and their roles and responsibilities.

The Statement of Purpose and Service Users' Guide were reviewed. The contents of both documents had been reviewed in March 2016 and each contained the required information.

The policy and procedure manual was reviewed and contents discussed with the registered person/manager. 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 with all of the policies sampled reviewed since January 2014.

All of the service users/relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One relative informed the inspector that a "small issue" had been made to the agency and that they were satisfied with the outcome. 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. 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 9 May 2016 with a range of complaints recorded. The inspector reviewed a sample of three complaints records which supported appropriate management, review and resolution of each complaint.

Discussion with the registered person/manager and a 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. No incident reports had been received during the past year; therefore, no records were reviewed.

The inspector reviewed the monthly monitoring reports for January to April 2016. These reports evidenced that the responsible person/manager, in conjunction with the organisation's director, had been monitoring the quality of service provided in accordance with minimum standards.

The care workers interviewed and staff questionnaires returned indicated that they felt supported by the manager whom they described as approachable and helpful. The on-call system in operation was described as very valuable to staff seeking advice but also as a support and reassurance outside office hours.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

No requirements or recommendations resulted from this inspection.

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.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews