

Unannounced Care Inspection Report 27 March 2018



Carepoint NI

Type of Service: Domiciliary Care Agency
Address: 1E Monaghan Street, Newry, BT35 6BB
Tel No: 02837539463
Inspector: Aveen Donnelly

www.rgia.org.uk

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

Carepoint NI Ltd is a domiciliary care agency based in Newry. Under the direction of the registered manager Ciara Murray, a staff team of 77 provides care services to 143 service users in their own homes. These service users are mostly older people but some have physical health care needs. The service users live in the County Down and County Armagh areas of Northern Ireland. The services provided range from personal care, practical support and a sitting service. Their services are commissioned by the Southern Health and Social Care Trust (SHSCT) and the South Eastern Health and Social Care Trust (SEHSCT).

3.0 Service details

Organisation/Registered Provider: Carepoint (NI) Limited	Registered Manager: Ms Ciara Majella Murray
Responsible Individual: Mrs Sally Assumpta Murtagh	
Person in charge at the time of inspection: Ms Ciara Majella Murray	Date manager registered: 29 November 2017

4.0 Inspection summary

An unannounced inspection took place on 27 March 2018 from 09.00 to 16.15 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspections and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction and training. Adult safeguarding had been appropriately managed and ongoing review of service user's care and support was evident. Communication between service users and agency staff was well maintained. There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Incidents were managed well and there were good working relationships between management and staff.

An area for improvement has been identified under the regulations in relation to the recruitment practices. An area for improvement made under the minimum standards related to the annual quality review reports.

Service users and relatives spoken with by the User Consultation Officer (UCO), provided feedback regarding the service provided by the agency in regards to safe, effective, compassionate and well led care. Some positive comments were received and have been detailed within the body of this report. The staff members spoken with during inspection provided 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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 13 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 February 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 report undertaken in the previous inspection year
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

During the inspection the inspector spoke with the registered manager and two care staff.

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and six relatives, by telephone, between 15 and 26 March 2018 to obtain their views of the service. The service users interviewed have received assistance with personal care, assistance with meals and medication management. A sitting service was also provided, as required.

At the request of the inspector, the registered 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. No staff feedback was returned.

The following records were examined during the inspection:

- three staff recruitment records
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- records relating to adult safeguarding
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three service user records regarding review, assessment and care planning
- daily logs returned from the service users' homes
- complaints and compliments records
- service user guide/agreements
- statement of purpose
- monthly quality monitoring records
- service user satisfaction survey
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Ciara Murray, 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 13 February 2017

The most recent inspection of the agency was an announced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 13 February 2017

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		
<p>Area for improvement 1</p> <p>Ref: Regulation 14(a) and (b)</p> <p>Stated: First time</p>	<p>The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>A two weekly progress report is to be submitted outlining measures in place to prevent a breach of this regulation, and detail action taken regarding any missed calls/failures to deliver care as planned.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The agency had complied with this regulation up to 21 March 2017, when the SHSCT had closed the Performance Notice, previously issued in relation to unsatisfactory performance. There was no evidence that care had not been delivered as contracted. There was also a system in place to ensure that any missed calls were reported and dealt with in a timely manner.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)(a) and (b)</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that the staffing arrangements had been reviewed, to ensure that there were sufficient staff available for the purposes of the agency.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 23 (1) and (2)(a)</p> <p>Stated: First time</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided and supply RQIA with a copy of their monthly monitoring report until further notice.</p> <p>Action taken as confirmed during the inspection: Monthly quality monitoring visits were completed. Refer to section 6.7 for further detail.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 22</p> <p>Stated: First time</p>	<p>The registered provider must review their complaints procedure to include information on the role of independent advocacy services; the role of RQIA in relation to unresolved complaints; update the contact details of the Northern Ireland Public Services Ombudsman; and provide this revised information to all service users.</p> <p>Action taken as confirmed during the inspection: A review of the complaints procedure identified that it had been updated to reflect the information outlined above. This information was also reflected in the Statement of Purpose and the Service User Guide.</p>	<p>Met</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.16 Stated: First time	The registered provider shall ensure that all accidents and any incidents occurring when an agency worker is delivering a service are reported as required to relevant organisations in accordance with legislation and procedures. A record of these is maintained for inspection.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of records confirmed that there was a system in place to ensure that any missed calls were recorded and dealt with. The review of the personnel files also evidenced that this had been discussed with the staff.	

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 Carepoint 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 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:

- "Very reliable."
- "Consistency is good. Have got to know them."
- "No problems with any of them."

Three files were reviewed relating to recently appointed staff, which confirmed the majority of the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. However, discussion with the manager and the review of records confirmed that a number of deficits were identified in relation to information that is required in line with regulation. These related specifically to explaining gaps in employment histories and references from the applicants' most recent employer. This has been identified as an area for improvement made under the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Discussion with staff and the review of the personnel files evidenced that a three day induction programme had been completed with each new staff member. Staff spoken with described the process for introducing new staff to services users and the system of shadowing experienced staff, until the new staff member was comfortable in their role and understood the service users' needs. The manager also explained that plans were in place to support staff through the NISCC Induction Standards.

There were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff received feedback on their performance through direct observation of their practice, supervisions and completing annual appraisals. Advice was given in relation to recording any reason where the frequency of supervisions were not undertaken in line with the agency's own policy and procedures.

Arrangements were in place to ensure that staff were registered as appropriate with NISCC. The manager discussed the system in place to identify when staff were due to renew their registration.

The manager advised that the Director of Care and Support within the agency was the nominated Adult Safeguarding Champion (ASC). There were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A review of records evidenced that all adult safeguarding concerns had been reported appropriately and in accordance with the regional safeguarding protocols and the agencies policies and procedures.

Discussion with staff confirmed that they were knowledgeable about their specific roles and responsibilities in relation to whistleblowing and adult safeguarding. The staff understood what constituted abuse and how they should report any concerns.

Staff training records viewed for 2016/2017 confirmed that all care workers had completed the required mandatory update training programme. Records reviewed and staff feedback indicated that staff had attended a range of training necessary to meet the needs of their service users.

A review of the care records identified that risk assessments were in place and were reviewed on a regular basis. There was no evidence that the plan care had not been delivered, as contracted.

The agency's registered premises included an office which on the day of the inspection was suitable for the operation of the agency as set out in the Statement of Purpose.

Areas of good practice

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

Areas for improvement

An area for improvement has been identified under the regulations in relation to the recruitment practices.

	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 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 spoken with also advised that they had not experienced any missed calls recently by the agency. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Carepoint 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 as well as receiving a questionnaire from the agency.

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

- "Very good service."
- "First class."
- "Couldn't be better."

Service user records viewed on the day of inspection included referral information received from the referring trusts. The referrals detailed the services being commissioned and relevant risk assessments.

A sample of four service user files confirmed that the agency management had reviewed the service users' care needs, as required, to ensure their needs were being met along with regular contacts by phone or during monitoring visits. The manager indicated that they were not usually invited to attend or contribute in writing to the trust arranged care review meetings with service users/relatives. However, the review of the records evidenced ongoing communications with trust representatives in relation to changes in the service users' needs.

The inspector reviewed a sample of completed daily log records returned from service users' homes which confirmed that the care delivered was in line with the care plan. Staff spoken with 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 spoken with described the action to be taken in the event of being unable to gain access to a service user's home. They were also able to describe the reporting processes if running late for a service user visit or had missed a call.

A review of the records confirmed that staff meetings were held every three months and minutes were available to those who were unable to attend.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of care needs and care planning. Communication between service users and agency staff was well maintained.

Areas for improvement

There were no areas for improvement 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.

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 and questionnaires to ensure satisfaction with the care that has been provided by Carepoint NI. Examples of some of the comments made by service users or their relatives are listed below:

- “All very friendly.”
- “Very helpful.”
- “Great girls. Very professional and kind.”

The agency implements service user quality monitoring practices on an ongoing basis through home visits, monthly quality monitoring and through their annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts and annual quality surveys evidenced positive feedback from service users and their family members.

Observation of staff practice carried out within service users’ homes on a regular basis was confirmed through records viewed in the agency office and discussions with staff. Records highlighted no concerns regarding staff practice during spot checks/monitoring visits and this was confirmed by the manager.

Compliments records reviewed during the inspection provided examples in support of compassionate care. The comments included ‘the service is excellent, lovely carers who make you feel at ease’ and ‘the carers treat me like their mother’.

During the inspection, the inspector met with two staff members and one trust representative. Some comments received are detailed below:

Staff

- “I love the work that I do and the clients.”
- “The care is very understanding, we get good guidance.”

Trust representatives

“There are no undue issues.”

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.

As discussed in section 6.2, the inspector was aware that a Performance Notice had been issued to the agency by the SHSCT in relation to unsatisfactory care. The main areas of concern related to inadequate staffing numbers, missed calls and care provision being less than what had been commissioned with the trust. Discussion with the manager and a review of records confirmed that the Performance Notice had subsequently been closed by the trust on 21 March 2018; and there had been no further concerns identified in relation to the performance of the agency.

Staff consulted with described the on-call system and stated that the on-call staff would provide cover in the event of a short-notice sick call. Discussion with the manager, and care workers interviewed, indicated they understood the organisational structure within the agency and their role and responsibilities. Although the organisational and management structure of the agency were outlined in the Statement of Purpose, detailing the lines of accountability, the details of the current management arrangements were not included. This was discussed with the manager. An updated Statement of Purpose was submitted to RQIA by email on 12 April 2018.

The agency had a system in place to ensure that policies and procedures were reviewed in accordance with those outlined within the minimum standards; they were available in hard copy version and were accessible to staff.

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 agency's complaints procedure viewed was found to be in line with regulations and standards. Staff members interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner. The manager informed the inspector that there had been no complaints received from the last care inspection.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement; discussion with the management team and a review of relevant records evidenced that all areas identified in the action plan had been addressed. Advice was given to the manager in relation to the timeliness of the return of the monthly monitoring reports, following completion and in relation to the need for traceability within the reports.

Review of the annual satisfaction survey completed for 2017, confirmed satisfaction with the service being provided. Although the satisfaction review report included service user feedback, the review report did not include the views of trust representatives or other relevant stakeholders. There was also no evidence that the satisfaction survey had been incorporated into an annual quality report; nor was there any evidence that this had been summarised or shared with service users. This has been identified as an area for improvement under the minimum standards.

The care staff spoken with during inspection indicated that they felt supported by the registered manager and senior team. Staff confirmed they were kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they were kept informed when update training was required. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

The RQIA registration certificate was up to date and displayed appropriately.

Areas of good practice

There were some examples of good practice found throughout the inspection in relation to the management and governance arrangements. There were good working relationships with staff.

Areas for improvement

An area for improvement under the minimum standards was identified in relation to the annual quality review 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 Ciara Murray, 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/or 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: 24 May 2018</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: All staff recruited for the agency are done so through a recruitment process. This is to ensure that the process is the same for all candidates. This has been updated to ensure compliance under regulation 13. The application form used includes a section for gaps in employment. This is then to be discussed at interview to ensure that all gaps are recorded accurately and satisfactorily. The interviewer is to document all gaps of employment and reasons for same.</p> <p>In Regards to reference verification our reference verification form has been updated to ensure that the recruiter/registered manager have sign off on all references. The new process documents that one reference should be from the most recent employer however the verification form has been updated to give space and sign off for reasons why the reference could not be from the most recent employer.</p> <p>All of the above are now in place and all staff involved have been notified of the new way of working going forward for this.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2018</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>Ref: Section and 6.7</p>
	<p>Response by registered person detailing the actions taken: Currently the customer satisfaction survey is completed in Oct/Nov of each calendar year and details of the results of this are summarised into a report. For the new customer satisfaction survey due in October or November 2018 Carepoint will also complete a survey for staff, trust nominated staff and other stakeholders views on the service provided. Once completed all data received will be summarised into an Annual Quality Report that will be published on our website and made available to all stakeholders.</p>

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