

# Unannounced Domiciliary Care Agency Inspection Report 18 April 2016.



## **SENSE**

**Address: The Manor House, 51 Mallusk Road, Mallusk BT36 4RU**

**Tel: 028 9083 3430**

**Inspectors: Caroline Rix and Aileen Aupy**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of SENSE domiciliary care agency took place on 18 April 2016 from 09.30 to 16.30 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 during 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 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?**

Outstanding delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the delivery of service. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. The agency has demonstrated working practices that over time have promoted and improved the service users' quality of life. 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Michelle Simpson, 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.

## 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

<b>Registered organisation / registered person:</b> SENSE/Collette Gray	<b>Registered manager:</b> Mary Michelle Simpson
<b>Person in charge of the agency at the time of inspection:</b> Mary Michelle Simpson	<b>Date manager registered:</b> 7 April 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 manager
- Consultation with two staff
- Staff questionnaires reviewed
- Examination of records
- File audits
- Evaluation and feedback

During the inspection the inspector spoke with relatives of both of the two service users by telephone to obtain their views of the service. These service users receive assistance with the following:

- Personal care
- Social support
- Meals

On the day of inspection the inspector met with two care staff 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 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 they requested their return to RQIA. Seven 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:

- Two care plans and risk assessments
- Two service user agreements
- Care reviews, quality monitoring visits/survey feedback records
- Two service user daily logs
- One staff recruitment and induction record
- Staff training schedule and records
- Monthly monitoring reports for January to March 2016
- Annual quality review report for 2014/15
- Compliments log and five records for 2014/2015
- Complaints log for 2015
- Notification of incidents log for 2015/16
- Staff meeting minutes for March and April 2016
- On-call communication record
- Staff duty rota for 11-24 April 2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, on-call, management of missed calls and complaints
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#### 4.0 The inspection

SENSE is a domiciliary care agency for adult service users who have a sensory impairment and an additional disability. Services provided include personal care, social activities, emotional support, and carer relief. The domiciliary agency has been operational since November 2007 in response to a need identified by social services. The agency currently has two service users. The Northern HSC Trust commission a proportion of these two services, while the agency also provides services to those who self-fund if required.

#### **4.1 Review of requirements and recommendations from the most recent inspection dated 17 September 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 care inspection dated 17 September 2016**

There were no requirements or recommendations made as a result of the last care inspection.

#### **4.3 Is care safe?**

The inspector reviewed staffing arrangements within the agency. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The agency's staff recruitment policy and procedure was 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. Recruitment records were viewed within the agency's computer system, along with a useful checklist for ensuring that all staff pre-employment checks are completed.

The inspector viewed the agency's system of auditing staff file contents and found that this process had been completed on all files during December 2015.

The agency's staff induction policy outlines the induction programme lasting at least three days which is in accordance with the regulations. The agency maintains a record of the induction framework provided to care workers; it details information provided during the induction period, the evaluation and supervision/support provided during the twelve week probationary period.

Care workers are required to complete an induction workbook within the initial twelve weeks of employment; they are provided with the agency's staff handbook and have access to the agency's policies and procedures online.

Records reviewed in four care worker files evidenced that an induction programme had been completed with each of the staff members. Competency assessments had been carried out with each care worker and subsequent supervision records maintained.

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

The inspector was advised by service users' relatives that each new care worker is always 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 care worker's knowledge of the required care.

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 sensory impairments and limited verbal communication. Both 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' relatives are listed below:

- "Care couldn't be better, no idea how we would manage without them."
- "I would trust the staff with my own life, as well as that of my relative."
- "When I contact the agency office, I am never ever fobbed off."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their Safeguarding Adults Policy and Procedure provided information and guidance as required; however, it did not 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'. This was discussed with the registered manager who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document. The registered manager explained that she and their training officer are scheduled to attend a safeguarding training event on 28 April 2016 prior to completing their procedure review. The agency's Whistleblowing Policy and Procedure was found to be satisfactory.

Staff training in the area of safeguarding adults takes place annually 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.

Both of the 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 are safe and protected from harm, with care plans and risk assessments in place which support safe care.

The agency's registered premises include a suite of offices and staff facilities suitable for the operation of the agency as set in the Statement of Purpose. 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.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 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. One relative described how the agency have proved to be extremely flexible and obliging when time changes have been requested by the family, sometimes at short notice. 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.

A review of both service user files evidenced that person centred care plans and risk assessments/management plans were in place relating to all aspects of their care provision. These records were found to be comprehensive and contained detailed information which had been reviewed at regular intervals by the multidisciplinary team within the trust, along with the service users' relatives and the agency.

The service users' relatives confirmed that management from the agency carry out regular home visits and phone contacts and they also received satisfaction questionnaires from SENSE asking for their views on the service. Examples of some of the comments made by service users' relatives are listed below:

- "They contact us if they have any concerns with my XXX."
- "Very happy with the service; they notice and discuss any tiny changes with my relative."
- "The girls are fantastic, so calm and reassuring."

The agency had completed an annual quality review report for 2014/15, with a summary report of findings and improvements planned. The registered manager confirmed the summary report had been provided to all service users during June 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 'Recording and Reporting Care Practices' was viewed and found to contain clear guidance for staff. The inspector reviewed completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by the team leader. No issues regarding record keeping had been identified.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their team leader or manager if any changes to service users' needs were identified.

The Staff Supervision Policy and Procedure reviewed details staff supervision as taking place six weekly. Annual staff appraisals take place in accordance with their policy and procedure for all staff members. Review of four staff records evidenced on-going observed practice, supervision and appraisal for staff over the past twelve months. Staff questionnaires received

by RQIA indicated that staff received frequent monitoring/spot checks by their team leader or manager, along with regular supervision sessions and an annual appraisal.

Discussion with the registered manager during inspection indicated that staff observation also takes place informally while the team leader and manager work as part of the hands on care team.

During discussion with the relative of a service user, the inspector was advised that the care workers are well trained and demonstrate an in-depth knowledge of the particular challenges of a deaf, blind person. The relative described how the service user and family were fully involved in every stage of developing care plans and risk management tools to reduce potential risks identified by care workers. The relative noted that care workers can pick up on the service user's moods and take steps to diffuse situations where the service user may become upset or challenging which was reassuring to know.

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

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

Both 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 never being rushed. Service users' relatives reported that as far as possible, the service users were given choice in regards to meals and personal care. One service user's relative described how the support from the agency had enabled them to enjoy their first holiday which had been invaluable.

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

- "The service provided is top class; you must give them 100%."
- "The girls are all caring and friendly. Get on well with my XXX."
- "My XXX really enjoys the chats with the carers; can't wait for them to arrive."
- "XXX is a very special carer, a real star, who encourages my relative to enjoy a full life."
- "Consistency is good as they have become like part of the family."

It was evident from discussion with agency staff and relatives that the service seeks to balance the rights and choices of service users with their ability to consent and best interests. The inspector noted that the agency provides services to individuals with complex needs where agency staff balances issues relating to rights and safety on an ongoing basis.



A review of both service users' files evidenced they and their relatives were fully involved in decisions about their care. One file contained a section, 'Lifestyle Plan,' which had been developed in November 2015 in conjunction with the service user, family and friends. This provided an insight into the service user's past life and current likes and goals, and is to be commended as a valuable resource for all involved in the service user's care and support. This service user's relative confirmed during interview with the inspector that the process had been both emotional and rewarding, resulting in an improvement in the service user's mood and willingness to engage with others more freely.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. The registered manager confirmed that no staff practice issues were identified during spot checks and monitoring visits. It was good to note positive comments from service users and relatives had been recorded on their monitoring records.

The agency's compliments records were viewed; these contained extremely positive feedback from service users and relatives which had been shared with staff individually and at team meetings.

Staff 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.

Comments noted on staff questionnaires provided the following information in support of compassionate care:

- 'The care provided is always with the individual in mind.'
- 'We work in a person centred way, listen to their wishes and individual preferences and take these into consideration while providing their support at all times.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Michelle Simpson and a team leader, the care workers provide domiciliary care and support to two service users.

Discussion with the registered manager and staff interviewed indicated they understood the organisational structure within the agency, and their role and responsibilities.

The Statement of Purpose and Service Users' Guide were examined. The contents of both documents had been reviewed in April 2016 and found to contain all required information.

It was noted that the agency has in place a comprehensive range of policies and procedures which were reviewed in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained on an electronic database accessible to all staff, and additionally in paper format stored within the agency's office; the inspection viewed a number of policies and procedures on the electronic system and within paper manual. 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 February 2015.

Staff interviewed confirmed that they had access to the agency's policies and procedures in a range of formats.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Staff interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

Each of the service user's relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Both relatives informed the inspector that no complaints had been made to the agency, and each stated any minor issues raised had been immediately addressed.

The complaints log was viewed for the period 1 April 2015 to inspection date 18 April 2016 and it was noted that the agency has received no complaints during this time; this was verified during discussion with the registered manager.

Discussion with the registered 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 March 2016. These detailed reports evidenced that the responsible person 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 senior staff that they described as approachable and helpful. The on-call system in operation was described as extremely 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.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews