

Unannounced Care Inspection Report 26 October 2017



SENSE

Type of Service: Domiciliary Care Agency

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

Tel No: 02890833430

Inspector: Lorraine O'Donnell

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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

SENSE is a domiciliary care agency which is based in Mallusk; the agency's 12 staff provides services to 4 adults who have a sensory impairment and an additional disability. The staff provide a range of services including personal care, social support, emotional support and carer relief.

3.0 Service details

Organisation/Registered Provider: SENSE Responsible Individual(s): Mrs Collette Gray	Registered Manager: Mrs Mary Michelle Simpson
Person in charge at the time of inspection: Mrs Mary Michelle Simpson	Date manager registered: 07 April 2009

4.0 Inspection summary

An unannounced inspection took place on 26 October 2017 from 09.30 to 16.00.

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

The purpose of the inspection was to assess 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 recruitment
- staff induction and training
- service user engagement

Service users said:

The comments of service users have been included in the relevant report sections.

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.

The inspector would like to thank the registered manager, service users, service users' representatives and agency staff for their support and co-operation throughout the inspection process.

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 Mrs Mary Michelle Simpson, the 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/enforcement taken following the most recent care inspection dated 18 April 2016

No further actions were required to be taken following the most recent inspection on 18 April 2016.

5.0 How we inspect

Prior to inspection the inspector analysed 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 manager
- consultation with two care staff
- examination of records
- file audits
- evaluation and feedback

Prior to the inspection the User Consultation Officer (UCO) spoke with relatives of the three service users, by telephone, on 06 October 2017 to obtain their views of the agency. Services provided by SENSE include personal care, social activities, emotional support, and carer relief.

During the inspection the inspector spoke with two care staff to discuss their views regarding care and support 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 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. Three completed questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

The following records were examined during the inspection:

- recruitment policy and procedure
- four staff members' recruitment records
- induction policy and procedure
- incident records
- records relating to adult safeguarding
- staff rota information
- recruitment policy
- induction policy

- training and development policy
- supervision policy
- disciplinary policy
- safeguarding vulnerable adults policy
- confidential reporting policy
- complaints policy
- data protection policy
- three staff members' induction and training records
- three staff members' quality monitoring, supervision and appraisal records
- training matrix
- a sample of service user/staff duty rotas
- three service users' records regarding referral, assessment and care planning.
- three service users' records regarding review and quality monitoring
- two client daily recordings
- the agency's service user guide/agreement
- the agency's statement of purpose
- agency process for verifying staff northern Ireland social care council (NISCC) registration
- three monthly monitoring reports
- staff meeting minutes
- two communication records with trust professionals

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 April 2016

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

6.2 Review of areas for improvement from the last care inspection dated 18 April 2016

There were no areas for improvement made as a result of the last care inspection.

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 inspector reviewed that agency's processes in place to avoid and prevent harm to service users this included a review of staffing arrangements in place within the agency.

The inspector examined a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there are robust recruitment systems in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed. The manager could describe the process for obtaining confirmation that new staff are available to commence employment.

The agency's training and development policy outlines an induction programme consisting of five days. The staff confirmed after the classroom based induction they had a period of work shadowing. A record of the induction programme provided to staff is retained by the agency; three records viewed by the inspector detailed the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles. The agency's manager confirmed staff are registered with NISCC.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of individual supervision, group supervision and appraisal.

Staff were aware of their responsibility for ensuring that they had the skills and knowledge to fulfil their job roles and for ensuring that required training updates are completed. It was noted that staff were required to complete required mandatory training and in addition a range of training specific to the needs of individual service users.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and could identify the Adult Safeguarding Champion. It was noted that the organisation has recently updated their policy and procedures to reflect information contained within the regional policy. Discussions with staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. Records viewed and discussions with staff indicated that the agency has acted in accordance

with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are recorded.

The UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by SENSE. Care is usually provided by consistent staff and new carers introduced to the service user by a regular carer; this was thought to be beneficial as service users and carers were able to develop a good relationship and staff had knowledge of the care required. However one relative informed the UCO that there have been issues with staffing recently; the matter was discussed with the registered manager and the inspector was assured they were taking this matter forward.

No issues regarding the carers' training were raised with the UCO and the relatives confirmed that if they had a concern they could approach the carers or office staff. Examples of some of the comments made by the relatives are listed below:

- “It’s all about XXX.”
- “Consistency is great. XXX has got to know all their voices.”
- “The regular girls have left so not sure who will be calling.”

Three staff questionnaires were returned to RQIA; responses received indicated that all staff were satisfied that care provided is safe.

Staff comments:

- “We have a lot of training to ensure we are ready and will provide quality care.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, training, 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 agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was identified from records viewed during inspection that they were maintained in accordance with legislation, standards and the organisational policy.

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (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 two service user files viewed confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user's needs were being met. The staff explained that the agency is usually invited to attend the commissioning trust's arranged care review meetings with service users/relatives. They confirmed they receive an amendment form from the trusts detailing any agreed change to the original care plan. 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 noted that there are arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plan developed; and noted that they indicated that the process was robust.

Records of quality monitoring visits viewed were noted to include comments made by service users, and where appropriate their representatives. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements and record keeping.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to the 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.

The UCO was informed by the relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The agency is flexible with call times, if possible, to suit the needs of the service user or family. One relative advised that there had been occasions when the agency had cancelled the call due to staffing issues; the matter was discussed with the registered manager. During the inspection the manager informed the inspector recruitment was ongoing and they had recently approached an agency who supplies care staff to assess the possibility of using them to provide staff when required.

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. However one relative felt that there was poor communication between themselves and the office staff regarding changes in the service. This was discussed with the manager during the inspection and records viewed confirmed this issue had been discussed with the relative and the HSC Trust. The manager agreed to contact the relative weekly to confirm who is going to cover calls.

Examples of some of the comments made by the relatives are listed below:

- "Good service. Very happy with it."
- "Communication could be better."
- "Couldn't fault them."

Three staff questionnaires were returned to RQIA; responses received indicated that all staff were satisfied that care provided is effective.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to effective record keeping, audits and reviews, communication between service users and agency staff and other key stakeholders.

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.

The relatives interviewed felt that care was compassionate, that the staff treat the service user with dignity and respect, and care is not rushed. Service users, as far as possible, are given their choice in regards to the activities taking place.

Views of relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Sense. Examples of some of the comments made by the relatives are listed below:

- “The staff are very conscientious.”
- “Lovely people.”
- “XXX looks forward to them coming.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs.

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

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy. The manager confirmed they had recently discussed the importance of confidentiality with staff.

Three staff questionnaires were returned to RQIA; responses received indicated that all staff were satisfied that care provided is compassionate.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred compassionate care and the effective engagement of service users.

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.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had a clear understanding the responsibilities and requirements of their job roles and who to talk to if they had a concern; they described an 'open door' arrangement. Staff demonstrated that they had an understanding of the agency's whistleblowing policy and could clearly describe the procedure for obtaining support and guidance including the arrangements for out of hours. Staff who participated in the inspection stated that the manager is supportive and approachable.

Two support staff spoken with confirmed they are kept informed 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. The inspector was informed by the manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that all staff are registered with NISCC.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards. Staff could describe the procedure for accessing the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The complaints log was viewed for 2016-2017 to date. Review of complaints during inspection supported appropriate processes in place for complaints review and resolution.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed the monthly monitoring reports from July 2017 to September 2017. The reports contained sufficient evidence that the registered person evaluates the quality of services provided in accordance with minimum standards. Feedback provided to the inspector indicated

that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives and relatives. From quality monitoring records viewed the inspector noted positive feedback received the HSCT representatives regarding the ability of the agency to work in partnership. Records of client visits and staff spot checks were viewed and evidenced any concerns raised by service users during these visited were reported to the manager and actioned.

All of the relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One relative has raised concerns regarding communication and consistency of carers; the matter is ongoing and was discussed with the registered manager. During the inspection records viewed confirmed this issue had been discussed with the relative and the HSC Trust. The manager agreed to contact the relative weekly to confirm who is going to cover calls.

Three staff questionnaires were returned to RQIA; responses received indicated that all staff were satisfied that care provided is well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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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