

# Unannounced Care Inspection Report 12 June 2018



## Age NI

**Type of Service: Domiciliary Care Agency**

**Address: Twinpires Centre, North Building, 155 Northumberland Street,  
Belfast, BT13 2JF**

**Tel No: 02890315854**

**Inspector: Aveen Donnelly**

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

This is a domiciliary care agency which provides personal care and housing support to 37 individuals with dementia in their own homes. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent. The agency has a current staff compliment of 11 staff that provides services commissioned by the Northern Health and Social Care Trust and the Belfast Health and Social Care Trust (HSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Age NI  <b>Responsible Individual:</b> Ms Linda Robinson	<b>Registered Manager:</b> Sharon Fitzpatrick
<b>Person in charge at the time of inspection:</b> Sharon Fitzpatrick	<b>Date manager registered:</b> 14 May 2009

### 4.0 Inspection summary

An unannounced inspection took place on 12 June 2018 from 10.00 to 13.30 hours.

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

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding and risk management. Care records were generally well maintained. Communication between service users, agency staff and other key stakeholders was well maintained. The culture and ethos of care in the agency, generally promoted treating service users with dignity and respect, where service users and their representatives were listened to and valued. There were good governance and management arrangements in relation to the day to day operations of the service.

An area for improvement related to the Annual Quality Report.

Service users' representatives spoke positively in relation to the care and support provided.

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
<b>Total number of areas for improvement</b>	0	1

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

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 7 September 2017

No further actions were required to be taken following the most recent inspection on 7 September 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 reports
- all correspondence received by RQIA since the previous inspection

The following records were examined during the inspection:

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

During the inspection the inspector spoke with the manager, two care staff, one service user and eight service users' representatives.

At the request of the inspector, the 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 responses were received.

The inspector requested that the person in charge place a 'Have we missed you'" card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

The findings of the inspection were provided to 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 7 September 2017

There were no areas for improvement made as a result of the last care inspection undertaken on 7 September 2017.

## 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 agency's registered premises are located at 155 Northumberland Street, Belfast and were suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of one senior carer and a team of carers. The agency's staffing arrangements were discussed and the inspector was advised that there were sufficient staff employed, to meet the current level of care provision. No concerns were raised in relation to the staffing provision.

The agency had a dedicated human resources department which oversees the recruitment processes. Three recruitment checklists were held in the agency office which confirmed that pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3.

There was a system in place to monitor the registration status of staff in accordance with NISCC.

A review of records confirmed that all staff, had received a structured induction programme in line with the timescales outlined within the regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance. Staff consulted with confirmed that this included mentoring through observation of practice, formal supervision meetings and appraisals.

A review of the personnel files identified that training had been provided in all mandatory areas. However, there was a lack of evidence of manager oversight of the training, in relation to when staff were due to renew their training. Advice was given in this regard and an updated training matrix was submitted to RQIA, by email on 19 June 2018, which confirmed that the staff were compliant with mandatory training requirements.

Staff spoken with were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the responsible individual holds this responsibility and ensures that the agency’s safeguarding activity is in accordance with the regional policy and procedures.

Discussion with the manager and a review of the accident and incident records confirmed that no incidents had occurred from the last care inspection. There was a system in place to ensure that any incidents would be recorded and notified to the HSC Trust in keeping with local protocols.

During the inspection the inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that Trust risk assessment and care plans were in place.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment and training, adult safeguarding and risk management.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency’s arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The inspector examined four service users’ care records and found these to be detailed, personalised and reflective of the level of care and support provided.

The manager advised that care reviews with the HSC Trusts were held annually or as required and that agency staff attended, when invited. Care review records were maintained in the service users’ files and confirmed that the manager had attended the care reviews. The records reviewed identified that service user monitoring had taken place in keeping with the agency’s policy and procedures.

Service User Agreements were confirmed as having been provided to service users, in keeping with the minimum standards.

The review of the daily notes, returned from service users’ homes identified that the care and support had been provided, as per the care plan agreed by the commissioning Trusts.



Quality monitoring reports indicated consultation with a range of service users, relatives and HSC Trust representatives.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required.

Staff consulted with stated that they felt that there was effective communication between all grades of staff. Staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

**Areas of good practice**

There were examples of good practice found in relation to the review of care needs and the agency’s engagement with the service users.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 agency carried 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. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks and this was confirmed by the manager.

Staff members 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.

A review of the compliments records evidenced that the staff treated service users with respect and dignity. Compliment records included praise and gratitude for all the care and support provided.

During the inspection, the inspector spoke with two staff members, one service user and eight service users’ representatives. Some comments received are detailed below:

**Staff**

- “It is all very good.”
- “No problems at all here.”

**Service users**

- “They are absolutely fabulous, a real lifeline for me.”

**Service users’ representatives**

- “I have no problems at all.”
- “We are extremely happy, they are all super.”
- “They are really good, they go the extra mile, an excellent service. They try to make (my relative’s) life as good for her as possible.”
- “They seem to be fine.”
- “I have no concerns, they do a good job and they are flexible.”
- “They are great!
- “All very positive, a very good service and the girls are very professional, handle (my relative) very well.”
- “I have no concerns.”

One relative consulted with stated that they felt that they could benefit from additional hours. Following the inspection, this comment was relayed to the manager, for review and action, as appropriate.

**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
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.



The organisational and management structure of the agency were outlined in the Statement of Purpose; it details lines of accountability. Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities.

There was a process in place to ensure that the agency's policies and procedures would be systematically reviewed. The majority of policies were deemed to be within date, however, the Whistleblowing Policy was overdue for renewal. The manager submitted the updated version, to RQIA by email on 21 June 2018. RQIA were satisfied that this had been addressed.

There was a process in place to ensure that complaints would be managed in line with the regulations and minimum standards. The inspector acknowledged that there had been no complaints received by the agency since the last care inspection.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of service users. The agency collected equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011.

The annual quality review report, dated April 2018 was reviewed. Although the report included feedback from service users and their representatives in relation to the quality of care provided by the agency, it did not include staff comments or feedback from trust representatives. Advice was also given in relation to including other quality monitoring processes, including monthly quality monitoring processes and quality improvement initiatives that may have been implemented. This has been identified as an area for improvement.

The staff members consulted with indicated that the manager and management team were supportive and approachable.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with key stakeholders.

### Areas for improvement

An area for improvement related to the annual quality report.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Sharon Fitzpatrick, 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 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 Minimum Standards, 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2019</p>	<p>The registered person shall ensure that 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: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> A focus group is held with all stakeholders this has now been completed and a report is in progress</p>



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