

Unannounced Care Inspection Report 8 April 2019



Quality Care Services

Type of Service: Domiciliary Care Agency
Address: 337 Castlereagh Road, Belfast, BT5 6AB
Tel No: 02890704477
Inspector: Jim McBride

www.rqia.org.uk

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

Quality Care Services Ltd is a domiciliary care agency based in Belfast. A staff of 171 provides care services to 336 service users in their own homes. Services users have a range of needs including physical disability, learning disability and mental health needs. The majority of service users are aged over 65 years old. The service users live in the greater Belfast area. The services provided range from personal care, management of medications and social support along with sitting services. The majority of their services are commissioned by the Belfast Health and Social Care Trust (HSC trust) with a small number of privately funded service users.

3.0 Service details

Organisation/Registered Provider: Quality Care Services Ltd	Registered Manager: Ursula Monan (Acting)
Responsible Individual: Julie Hunter	
Person in charge at the time of inspection: Ursula Monan	Date manager registered: Ursula Monan (Acting) from 25 February 2019.

4.0 Inspection summary

An unannounced inspection took place on 8 April 2019 from 09.00 to 13.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. The Health and Personal Social Services. (Quality Improvement and Regulation), (Northern Ireland) Order 2003.

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

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

Evidence of good practice was found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

It was clear throughout the inspection that the agency promoted the service users' human rights and this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

One area for improvement was identified during this inspection:

- Quality monthly monitoring.

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	2	0

The findings of the inspection and details of the Quality Improvement Plan (QIP) were discussed with Ursula Monan 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 23 July 2018

Other than the QIP, no further actions were required to be taken following the most recent inspection on the 8 April 2019.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- Previous RQIA inspection report and quality improvement plan (QIP)
- Review of incidents and notifications
- All correspondence received by RQIA since the previous inspection

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 provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well care. No questionnaires were returned.

During the inspection process the inspector spoke with the acting manager and the proposed registrant manager. The inspector had the opportunity to talk with two relatives and one service user by telephone. The overall feedback received regarding of the service was positive and no one communicated with had any concerns.

Comments:

- “I have found the staff respectful to my father.”
- “I have no problems and the staff are very caring.”
- “I have no difficulty communicating with office staff.”
- “The staff are very compassionate.”

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 July 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 23 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Schedule 3.7 Stated: First time	<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>(d) Details and documentary evidence of any relevant qualifications or accredited training of the person and, if applicable, registration with an appropriate regulatory body.</p> <p>Ref: 6.4</p>	Met

	Action taken as confirmed during the inspection: This area for improvement has been met.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5 (5.6) Stated: First time	All records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative. This area for improvement relates to the daily records recorded by staff in people's homes. The records signatures must be legible and that all entries are in black pen. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The inspector reviewed a number of home recording records. The documents in place were satisfactory.	

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 service was safe. Service users and relatives felt they were treated with respect. Relatives said they were confident service users were safe and well cared for.

At the time of the inspection, the agency had an acting manager in post, who manages the agency with the support of a number of coordinators as well as a number of domiciliary care staff. There was sufficient staff to meet service user needs safely. Relevant employment checks were carried out prior to staff providing care to service users.

Spot checks were carried out by the care coordinators to ensure quality and competency of staff. A number of these checks were reviewed and records in place were satisfactory. A Service user commented included:

- "My package is going very well."
- "I'm happy with the staff."
- "Good service improvement."

The service user and relatives spoke positively about care workers and the service. They stated that they were satisfied with the level of care provided and how the service is provided. The service user stated they were treated with respect and dignity. Relatives told the inspector that they were confident that their relatives were safe in the presence of care workers and were well looked after.

A review of records confirmed that a robust system is in place to monitor the registration status of staff in accordance with NISCC, the inspector noted that some staff were still in the process of registration.

Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

New staff receive a structured induction programme in line with the timescales outlined within the regulations. Discussion with the manager and review of staff records confirmed that this included a shadowing period; this practice allows the service user to get to know staff and to start building relationships, whilst including them in the process. Staffs receive additional training before the end of the required probationary period.

- Internal communication
- Record keeping
- Care planning
- Person centred outcome focused care
- Privacy, dignity, independence and choice.

The agency provides to each staff member a “Fitness to practice passport”. This document demonstrates the agency’s aim to support staff’s continuous development and improvement in their practice. The outcome of this is to ensure service users receive good quality care and support or safe and effective care?. The document describes a three part performance area that shows:

- Skills -What they do.
- Knowledge-What they know.
- Behaviours-The way they do things.

The document describes and highlights evidence of outcomes for service users, staff and the agency whilst reflecting on attitude, behaviours in the way they work with service users.

A review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. It was good to note that additional training in areas such as diabetes awareness, nutrition and hydration and dementia awareness had been provided. There were systems in place to monitor staff performance and to ensure that they received support and guidance which included spot checks, supervision, appraisal and team meetings?

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was

discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation’s safeguarding activity is in accordance with the regional policy and procedures. It was noted that the adult safeguarding champions’ position report was being formulated and would be completed by the end of April 2019. From the date of the last care inspection there had been no incidents referred to the relevant HSCT in relation to adult safeguarding.

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 comprehensive risk assessments and safety management plans had been completed in conjunction with service users and were appropriate their representatives. Risk assessments reviewed were related to risks associated with the environment, health, diabetes, eating and drinking and use of specific medicines.

Risk assessments included details of the potential risk and the level of risk. Risk assessments were personalised and included information specific to each person and their needs. The service had moving and handling risk assessments in place which provided information about what assistance people required including the use of any specific equipment. The records evidenced that the agency had achieved an appropriate balance between promoting autonomy and maintaining safety.

Service user care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain 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.

This service was effective. Staff had completed relevant training to enable them to care for service users. Staff were supervised and felt well supported by management. Evidence reviewed highlighted that care needs and choices were assessed and responded to.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide (2019). The agency’s arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included information about service users preferred

communication. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care and support plans were reviewed, the updated care plan was signed. Service users care needs and choices were assessed and responded to appropriately. Service users individual care needs were detailed in their care plans.

Some service users were supported with their nutritional and hydration needs and their care plans detailed this. Where necessary, care support plans included information about individual dietary needs and requirements, personal like's dislikes and allergies. A number of staff completed nutrition and hydration training on the 28 November 2018.

Care reviews in conjunction with the service users and/or their relatives and HSC Trust representatives were held annually or as required and care and support plans were updated to reflect changes agreed at the review meeting. Reviews aim to give the agency an opportunity to ensure people's needs were continually being met and to assess and monitor whether there had been any changes in need. Discussions with the manager confirmed that the agency has in place robust arrangements for identifying and managing service failures in a timely manner including missed or late calls. These included missed call logs and contact with service users and their representatives.

It was noted within those service users' records examined that the agency completed service user monitoring visits. The records evidenced that no concerns had been expressed by the service users during the monitoring visits. These visits identified that service users are valued as individuals and are listened to and what is important to them is viewed as important by the agency.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users, agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified within 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.

The service was providing care in a compassionate manner. Care and support plans included information about individual needs and choices. Service users and relatives spoken with stated that they were satisfied with the care and support provided by the service.

Discussions with the manager and the review of training records indicated that values such as choice, dignity and respect were embedded into the culture of the organisation.

The manager identified the need to continually communicate with service users and to ensure staff were respectful of the fact they were working in a service users' homes.

Discussions with the manager also established that the agency were aware of their responsibilities and requirements to ensure service user confidentiality and in gaining consent.

Views of service users and relatives have been sought by the service through home monitoring visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by agency. The inspector reviewed the agency's governance arrangements for quality assuring the care provided to service users. The registered manager advised that the staff receive spot checks to monitor and review care practices. A record is maintained of visits in staff personnel files. The four staff personnel records examined evidenced a record of such spot check visits having been undertaken, with no areas for concern identified.

The inspector noted the positive feedback from service users during the 2018 annual quality review. The quality survey promotes the principle of partnership with the staff, agency and service users and emphasis the value placed on service users by the agency.

Service users were given the opportunity to respond to the provision of the service in relation to:

- Privacy
- Courtesy
- Safety
- Consistency
- Time of calls
- Communication
- Meeting assessed needs
- Outcomes
- Complaints

Some of the comments received included:

- “My mother and us as a family really depend on this care and love to see the carers coming in and out it gives us all something to look forward to”.
- “They are so helpful and friendly - would be lost without them now.”
- “The service is excellent; all carers are friendly, punctual and very good at what they do.”

Upon commencement of a care package, service users are provided with a copy of the agency’s service user guide which informs service users’ of the standards and core values required to be maintained by care staff and highlights how service users can raise a concern or complaint if necessary, regarding the quality of care. Service users are also provided with complaints information to use should they wish to raise a concern. In addition, the guide provides the service user with details of advocacy groups and the Northern Ireland Public Service Ombudsman (NIPSO). The inspector has recommended that the guide is updated to include the details of the patient and client council and other relevant advocacy services. The manager agreed to action this.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the agency’s ethos of encouraging feedback from service users.

Areas for improvement

No areas for improvement were identified within 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.

The service was well-led and had systems in place to check and monitor various aspects of the service provided. The service had a clear structure in place with a team of care workers, office staff, the manager and senior support.

The inspection assessed the agency’s arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The current registration certificate was up to date and displayed appropriately. Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure.

Since the previous inspection the RQIA has been made aware of a change of management from 25 February 2019. A new registrant manager is in place and is awaiting registration and an application has been received by RQIA..

Discussions with the manager confirmed that they had a good understanding of their role and responsibilities under the legislation and there was clear leadership provided by the manager and responsible person which resulted in a shared team culture. Discussions highlighted a focus on reflective practice and how they could do things better for service users.

The manager has a system to monitor compliance with the timescales for staff supervision and there was evidence that staff had received supervision and where applicable appraisal.

As part of the agency's review of compliance with the new General Data Protection Regulation (GDPR) the manager confirmed that the agency had sought advice regarding their GDPR responsibilities, with some changes being implemented. The manager advised that staff training has been planned with regards to the GDPR to support staff with understanding the recent changes in this area.

There was a range of policies and procedures in place to guide and inform staff. A review of a sample of policies and procedures evidenced that they had been updated within required timescales. These addressed matters such as complaints, safeguarding, whistleblowing and confidentiality. The complaints policy/procedure was noted to clearly define the agency's complaints process and provided details of external organisations which the complainant could contact if they remained dissatisfied with the agency's complaints process. Policies were maintained in a manner that was easily accessible by staff in the office or electronically.

The agency maintained a complaints and compliments record, which was audited on a monthly basis. The manager demonstrated good awareness of the agency's complaints procedure. A review of the agency's complaints records since the last inspection evidenced that the agency had received a number of complaints and these had been managed appropriately. Records in place evidenced that service users were able to complain if they wished and were knowledgeable of how to complain or raise minor concerns.

The manager discussed their commitment to driving improvement in the service by endeavouring to provide a consistent staff group to support service users. The manager described the importance placed on supporting and valuing staff to develop and improve their skills and knowledge base.

Discussion with the manager also confirmed that staff meetings are held. A review of team meeting minutes in February 2019 noted that staff discussed and were given advice on:

- NISCC
- Staffs updates
- Reporting issues
- Best practice
- Record keeping

The manager also advised that the agency are currently reviewing their training programme and that the training plan for 2019 will further incorporate training in areas such as human rights, deprivation of liberty and increased dementia awareness training. This will be reviewed at a future care inspection.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as NISCC. Information regarding registration details and renewal dates are monitored by the registered manager. The registered manager advised that staff were aware that any lapse in their registration would result in the staff member being unable to work within the agency until their registration was suitably updated.

The inspector confirmed that monthly quality monitoring visit reports were not available for review from the last care inspection up to March 2019. As reports of quality monitoring were not available for review, the agency could not provide adequate assurances in relation to the assessment of the quality of service provision. This was discussed with the manager and an area for improvement has been identified.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager advised that to date, the agency provides access to training. The importance of this was inherent within all training and the supervision process.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data provided is used effectively and with individual service user involvement to provide care in a person centred manner.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Disability awareness

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints, training and care reviews.

Areas for improvement

One area for improvement has been identified in relation to Regulation 23 Monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ursula Monan, 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 23</p> <p>Stated: First time</p> <p>To be completed From inspection date.</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. This area for improvement relates to the monthly quality monitoring reports that were unavailable for inspection.</p> <p>Ref 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>These had been completed and cannot be located in branch. The previous Registered pending Manager has left. We apologise for this breach.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23.3</p> <p>Stated: First time</p> <p>To be completed from: The date of inspection</p>	<p>The report referred to shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Quality Improvement Authority.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Completed</p>



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