

Announced Care Inspection Report 3 July 2017



Quality Care Services Ltd

Type of service: Domiciliary Care Agency
Address: 337 Castlereagh Road, Belfast, BT5 6AB
Tel no: 02890704477
Inspector: Caroline Rix
User Consultation Officer: Clair McConnell

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Quality Care Services Ltd is a domiciliary care agency based in Belfast. Under the direction of the manager Julia Wade, staff of 127 provides care services to 277 service users in their own homes. These service users are mostly older people, but some have physical disabilities, learning disabilities and mental health care needs. 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

Registered organisation/registered person: Quality Care Services Ltd/Julie Elizabeth Hunter	Registered manager: Julia Wade (registration pending)
Person in charge of the service at the time of inspection: Julia Wade	Date manager registered: Not applicable

4.0 Inspection summary

An announced inspection took place on 3 July 2017 from 09.30 to 16.00 hours

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

The inspection assessed progress with 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.

Evidence of good practice was found in relation to service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff on inspection.

Service users spoken with by the User Consultation Officer (UCO), provided positive feedback regarding the service provided by Quality Care Services Ltd in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and complimented and have been detailed within the body of this report. All the staff spoken with during inspection provided positive feedback in terms of their work within the agency.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julia Wade, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report and Quality Improvement Plan (QIP)
- Record of notifiable events for 2016/2017
- Records of complaints notified to the agency
- All communication with the agency
- User Consultation Officer (UCO) report

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and five relatives, by telephone, on 28 June 2017 to obtain their views of the service. Their feedback is contained within the body of this report. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

During the inspection the inspector met with four 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 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 requested their return to RQIA. Two 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:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user records of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- Staff training schedule and records
- Four staff quality monitoring records
- Complaints log and records
- Compliments log and records
- Record of incidents reportable to RQIA in 2016/2017
- Annual Quality report for 2016
- Monthly monitoring reports for April to June 2017
- The agency's Statement of Purpose of July 2017
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, missed calls and complaints
- Record of incidents reportable to RQIA in 2016/2017

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

The findings of the inspection were provided to Julia Wade 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 1 December 2016

The most recent inspection of the agency was an announced 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 1 December 2016

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
<p>Area for Improvement 1</p> <p>Ref: Regulation 13 and Schedule 3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>(Regarding a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform).</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the staff recruitment policy and procedure which was found to be in line with Regulation 13 Schedule 3. Recruitment records sampled confirmed that full and satisfactory information had been obtained for each care worker. A statement by the manager that the person was physically and mentally fit for the purposes of the work which he is to perform was viewed within each record at the time of inspection.</p>	

<p>Area for Improvement 2</p> <p>Ref: Regulation 22(6)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The complaints log was viewed for the period 1 April 2016 to inspection date 3 July 2017 with a range of complaints recorded. The inspector reviewed a sample of complaints records which supported full investigation, appropriate management, review and resolution of each complaint.</p>	<p>Met</p>
<p>Area for Improvement 3</p> <p>Ref: Regulation 23(2)(3)</p> <p>Stated: First time</p>	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> (i) what services to offer them, and (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. <p>(3) The report referred to in paragraph(2) 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 Improvement Authority.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that each monthly monitoring report had been provided to RQIA as requested. These reports have provided assurances that the governance arrangements are in place to ensure the quality of services being provided are being maintained and have taken into account service user and</p>	<p>Met</p>

	representatives views.	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for Improvement 1 Ref: Standard 8.10 Stated: First time	Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.	Met
	Action taken as confirmed during the inspection: 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.	
Area for Improvement 2 Ref: Standard 5.2 Stated: First time	The records maintained in service users' homes are maintained in accordance with Standard 5.2.	Met
	Action taken as confirmed during the inspection: The inspector reviewed evidence that the daily recording process has been revised, with the introduction of homecare log books into each service users home. Records confirmed an audit of recording practice is carried out by senior staff on a regular basis to ensure compliance with their procedures.	
Area for Improvement 3 Ref: Standard 4.1 Stated: First time	Each service user and, if appropriate, his or her carer/representative is provided with a written individual service agreement before the commencement of the service. If it is not possible to provide this agreement before the commencement of the service, it is provided within 5 working days of such commencement.	Met
	Action taken as confirmed during the inspection: The inspector reviewed evidence that service users/representatives have been provided with a written individual service agreement either on the day their service started or within 5 working days of service commencement.	

Area for Improvement 4 Ref: Standard 8.2 Stated: First time	The registered manager ensures the agency deliver services effectively on a day-to-day basis. (Regarding service user quality monitoring)	Met
	Action taken as confirmed during the inspection: The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services. Records were viewed which provided assurances that the governance arrangements are in place to ensure the quality of services being provided are being maintained and have taken into account service user and representatives views.	
Area for Improvement 5 Ref: Standard 8.12 Stated: First time	The registered manager is recommended to evaluate the quality of services on at least an annual basis and follow up action taken. Key stakeholders are involved in the process.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the agency have revised their annual quality review procedure. The views of key stakeholders are currently being sought as part of their annual review process. The inspector was provided with satisfactory assurances that the quality review report findings will be shared with service users and key stakeholders.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Quality Care. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling, use of equipment and management of

medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “Consistency is great. XXX has got to know them.”
- “XXX has limited speech and can be difficult to work with, but the carers know how to work with him.”
- “It gives me peace of mind that they call regularly with XXX and contact me if anything is wrong.”

A range of policies and procedures was reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Four staff files were sampled relating to care workers which verified that all the pre-employment information and documents had been obtained as required for each of these care workers. An induction programme had been completed with each staff member that included competency assessments and subsequent supervision records were maintained.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with The Northern Ireland Social Care Council (NISCC). Documentation in place indicated that the remaining staff have submitted their application and are awaiting their registration certificates. The manager discussed the system introduced to identify when staff are due to renew registration. The care staff spoken with during inspection described their registration process with NISCC.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

The agency's whistleblowing policy and procedure was found to be satisfactory. Each of the four staff 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 training records viewed for 2016/2017 confirmed all care workers had completed the required mandatory update training programme. Records reviewed and staff feedback indicated that staff had attended a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including; dementia awareness and end of life care.

Staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm.

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

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas of good practice

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

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 UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers’ timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Quality Care were raised with the UCO. Some of the service users and relatives were able to confirm that home visits and phone calls have taken place as well as receiving questionnaires from the agency to obtain their views on the service.

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

- “They’re pretty invaluable to us.”
- “Very happy with the care.”
- “They’re very professional.”

Service user records viewed on the day of inspection 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 sample of four service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met. The manager confirmed that they are usually invited to attend or contribute in writing to the trust arranged care review meetings with service users/relatives. The records evidenced that an amendment form from the trusts detailing any agreed change to the original care plan had been provided.

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.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans.

The agency's policies and procedures on 'record keeping' and 'data protection' were viewed and found to contain clear guidance for staff. The inspector reviewed a sample of completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff, with appropriate action taken with individual staff where minor issues had been identified.

The manager confirmed ongoing discussion of records management during staff supervision meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic.

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

Staff interviewed on the day of inspection demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home. Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them. However, one staff included the comment; 'some service users need more time for their care'. The manager confirmed that, when identified, changes in service users care needs are referred to the trust care manager for reassessment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, 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.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed.

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

- “They’re exceptionally good. Couldn’t say a bad word about any of them.”
- “Have built up a good rapport with each other.”
- “The carers are very kind and friendly.”

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.

Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

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 agency’s compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and with teams. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Thank you to the staff who are great. Xxx is amazing and very good with my relative, very respectful.’ (Phone call from Trust care manager on behalf of a service user’s family).
- ‘I am so pleased with my relatives care, staff are all lovely and the times of visits are good too.’ (Phone call from Trust care manager on behalf of a service user’s family).
- ‘Compliments from district nurse at how attentive and caring the staff have been towards a service user and the family.’ (Email from trust care manager).

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

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 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.

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 complaints had been made regarding the agency or concerns raised in regards to the management.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Discussion with the manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format and available in hard copy manuals. Staff described how they access 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 agency's complaints procedure viewed was found to be in line with regulations and standards. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for the period 1 April 2016 to inspection date 3 July 2017 with a range of complaints recorded. The inspector reviewed a sample of three complaints records which supported appropriate management, review and resolution of each complaint.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

Monthly monitoring reports were viewed for April to June 2017. These reports evidenced that the registered person had been monitoring the quality of service provided in accordance with minimum standards. Each report contained a summary of staff and service user monitoring, compliments and complaints; and evidenced how any issues arising had been managed.

The annual quality review report for 2016 viewed had been completed with a summary of feedback and an action plan. The inspector confirmed that the agency have revised their annual quality review procedure.

The views of key stakeholders are currently being sought as part of their annual review process. The inspector was provided with satisfactory assurances that the quality review report findings will be shared with service users and key stakeholders.

The care workers interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

Staff questionnaires received by RQIA indicated that staffs are satisfied that the current staffing arrangements meet the service users' needs.

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 with all key stakeholders.

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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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

Web www.rqia.org.uk

 @RQIANews