

Unannounced Care Inspection Report 23 July 2018



Quality Care Services Ltd

Type of Service: Domiciliary Care Agency

Address: 337 Castlereagh Road, Belfast, BT5 6AB

Tel No: 02890704477

Inspector: Jim McBride

User Consultation Officer: Clair McConnell

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. Under the direction of the manager Zena Foord, staff of 165 provides care services to 340 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

Organisation/Registered Provider: Quality Care Services Ltd Responsible Individual: Quality Care Services Ltd/Julie Elizabeth Hunter	Registered Manager: Zena Foord (Acting)
Person in charge at the time of inspection: Zena Foord	Date manager registered: Acting

4.0 Inspection summary

An unannounced inspection took place on 23 July 2018 from 08.50 to 14.50.

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

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		1

Details of the Quality Improvement Plan (QIP) were discussed with Zena Foord, acting manager and Ursula Monan regional manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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 by the UCO and inspector.

Staff comments:

- "The induction is preparing me for the role."
- "I'm hoping to shadow other staff during this induction."
- "The induction is very comprehensive and interesting."

Service users and relatives spoken with by the User Consultation Officer (UCO), provided positive mostly feedback regarding the service provided by Quality Care Services Belfast in regards to safe, effective, compassionate and well led care. The staff spoken with during inspection provided positive feedback in terms of their work within the agency.

Areas for improvement:

One area for improvement was highlighted in relation to records and entry's made in service users' daily notes. One area for improvement has been identified relating to details and documentary evidence of any person if applicable, is registered with an appropriate regulatory body.

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

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 manager and staff of the agency for their co-operation throughout the inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 03 July 2017

No further actions were required to be taken following the most recent inspection on 03 July 2018.

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
- Record of notifiable events for 2017/2018
- Records of complaints notified to the agency
- All communication with the agency
- User consultation officer (UCO) report

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and six relatives by telephone on 18 and 20 July 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals

One service user and two relatives were unable to complete the interview; however they confirmed they were satisfied with the care provided.

During the inspection the inspector met with the manager and regional manager as well as two care staff completing their induction to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency.

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report two staff views have been returned to RQIA via Survey Monkey.

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

Comment:

- “Manager of the office is very approachable”

The inspector provided ten questionnaires to staff for circulation to service users/relatives seeking their views on the service. Two questionnaires were returned.

The following records were examined during the inspection:

- Six service user records in respect of referral, assessment, care plan and review
- Six service user records of the agency quality monitoring contacts
- Ten staff recruitment and induction records
- Staff training schedule records including:
 - Safeguarding
 - Health and safety
 - Infection control
 - Manual handling
 - Nutrition
 - Dignity and respect
- Staff supervision and appraisal date records
- Complaints log and records
- The agency’s statement of purpose
- The agency’s service user guide
- Policies and procedures relating to: safeguarding, whistleblowing and managing staff.
- Record of incidents reportable to RQIA in 2017/2018

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 03 July 2017

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 03 July 2017

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 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 are usually 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:

- "Look after me well."
- "Can't speak highly enough."
- "They offer us good support and advice."

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

An induction programme had been completed with each staff member that included competency assessments. This was verified by two staff currently completing their induction.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. Staff are registered with The Northern Ireland Social Care Council (NISCC) and one staff member is currently awaiting registration. The manager discussed with the inspector their new revised system to be introduced to identify when staff are due to renew registration.

One area for improvement has been identified relating to details and documentary evidence of any person if applicable, is registered with an appropriate regulatory body.

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.

Staff training records viewed for 2017/2018 confirmed that records were available for all care workers showing the required mandatory updates and training.

The agency’s supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal.

Feedback from staff on site indicated that they had attended a range of training necessary to meet the needs of service users. The following records including the agency’s procedures show that staff should attend the following:

- Care and welfare
- Safe working including:
 - Safeguarding
 - Dementia
 - First aid
 - Manual handling
 - Medication
 - Health and safety
 - Infection control
 - Food safety
 - Communication

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 (2018).

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

Two returned questionnaires from service users indicated that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding that had been appropriately managed and ongoing review of service user’s care and support was evident.

Areas for improvement:

One area for improvement has been identified relating to details and documentary evidence of any person if applicable, is registered with an appropriate regulatory body.

	Regulations	Standards
Total number of areas for improvement	1	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. The service users and relatives advised that home visits or phone calls have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that they had received a questionnaire from the agency.

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

- "Couldn't complain about any of them."
- "Never let me down."
- "Couldn't manage without them."

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 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.

Service user files 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 some of the comments from service users following their different reviews:

- "I'm happy with the care staff and the care service."
- "The girls are lovely and very good."
- "I'm happy with the staff and the service provided."
- "Staff are nice and friendly I have no complaints."

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 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. One area for improvement has been highlighted relating to the staffs recording methods.

Two returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

Areas of good practice

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

Areas for improvement

One area for improvement was highlighted in relation to records and entry's made in service users' daily notes.

	Regulations	Standards
Total number of areas for improvement	0	1

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. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls or 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:

- "The girls are really nice."
- "Very polite and kind."
- "XXX is very fond of them."

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. A number of records were reviewed by the inspector and the records in place were satisfactory. 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 manager. Records of monthly quality monitoring regulation (23) were available. The inspector noted some of the comments from service users during quality monitoring:

- "I'm happy with the staff and the service provided."
- "All the girls are great."
- "They go over and beyond the care."
- "Staff are really helpful."
- "The staff are very nice no complaints."

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The agency completed an annual quality survey in 2017 that highlighted some positive responses relating to the following:

- Privacy
- Feeling safe and cared for
- Politeness and courteousness
- Consistency of staff
- Staff meeting service user needs
- Staff informing service user about late calls
- Staff listening to service users
- Staff being in time
- Supporting service users to achieve goals
- Dealing with complaints
- Recommending the care provided to someone else.

The inspector noted some of the comments received:

- “I am very grateful for all the help I get.”
- “I look forward to seeing the staff every morning.”
- “Very satisfied.”
- “Very well pleased in every way, could not be better.”
- “The girls that look after my *** deserve so much credit and all the work they do is greatly appreciated.”

Some comments about communication had been received and the agency have in place an action plan to improve communication.

Two returned questionnaires from service users indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your 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.

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 concerns regarding the management of the agency were raised during the interviews.

The recent changes in the organisational and management structure of the agency are 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. 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. 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 September 2017 to inspection date 6 June 2018 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.

The agency facilitates staff meetings that allow for the exchange of information. The inspector highlighted some of the areas for discussion at meetings:

- Care call times
- Rota swaps
- Care plans
- Training
- NISCC
- Reporting
- Shifts
- RQIA

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 was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

- effective communication
- service user involvement

- advocacy
- equal care and support
- individual person centred care
- individual risk assessment.

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information.

Two returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Zena Foord acting manager and Ursula Monan regional 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 13 (d) Schedule 3.7</p> <p>Stated: First time</p> <p>To be completed by: From inspection date.</p>	<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>
	<p>Response by registered person detailing the actions taken: The Branch had inadvertently not finalised the registration process of a NISCC registrant, for a working employee. This has now been completed and same are on the NISCC live register. The Branch manager keeps a matrix of same and is responsible to ensure this does not happen again. This update is regularly checked by the Regional Manager.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 5 (5.6)</p> <p>Stated: First time</p> <p>To be completed by: From inspection date.</p>	<p>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.</p> <p>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.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: The company had a policy regarding same that blue pen could also be used to facilitate the completion of daily report logs. The policy has been amended to confirm only black pen can be used. This has again been documented and updated to all operational staff.</p>

Please ensure this document is completed in full and returned via Web Portal



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