



The **Regulation** and  
**Quality Improvement**  
Authority

**Trust Homecare**  
**RQIA ID: 10937**  
**Drumalane House**  
**Drumalane Road**  
**Newry, BT35 8AP**

**Inspector: Jim McBride**

**User Consultation Officer: Clair McConnell**

**Tel: 028 3082 5009**

**Inspection ID: IN21755**

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**Announced Care Inspection  
of  
Trust Homecare**

**4 January 2016**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500   Fax: 028 9051 7501   Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An announced care inspection took place on 4 January 2016 from 09.30 to 13.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> SH&SCT Paula Clarke	<b>Registered Manager:</b> Valerie McGowan
<b>Person in charge of the agency at the time of Inspection:</b> Valerie McGowan	<b>Date Manager Registered:</b> 8 September 2014
<b>Number of service users in receipt of a service on the day of Inspection:</b> 426	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

**4. Methods/Process**

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan (QIP)
- Records of notifiable events
- User Consultation Officer (UCO) report

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Evaluation and feedback

The following records were examined during the inspection:

- A number of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Staff training records: Vulnerable adults  
Manual handling  
Supervision for supervisors
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information

**5. The Inspection**

Prior to the inspection the User Consultation Officer (UCO) spoke with seven service users and nine relatives, either in their own home or by telephone, on 20 and 21 August 2015 to obtain their views of the service. The service users interviewed live in the Newry and Mourne area and receive assistance with the following:

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

The UCO also reviewed the agency's documentation relating to seven service users. The agency submitted a number of RQIA notifications in relation to medication administration incidents that had occurred since the previous inspection. The inspector was satisfied that these matters had been handled appropriately.

During the inspection the inspector spoke with the registered manager, the monitoring manager and three domiciliary care workers.

**Staff comments:**

- *"Supervision is good and we are well supported by the manager."*
- *"I feel my training was good and it suited me and my learning."*

At the request of the inspector staff completed nine questionnaires during the inspection.

The questionnaire indicated that the staff member was either satisfied or very satisfied with the following:

- The training provided by the agency in safeguarding adults
- Individual care plans are appropriate to meet services user's needs
- The times allocated to meet the service user's needs
- The information provided to service users regarding delayed calls

**Staff written comments:**

- *"Training has improved and we get full attendance."*
- *"Supervisors training is good."*
- *"Dementia training has improved."*
- *"Staff contact the office is they are predicting a missed call."*
- *"The new safeguarding training was useful and stimulating."*

The agency is one of the Southern Health and Social Care Trust domiciliary service providers. The agency provides services in the Newry and Mourne locality. Domiciliary care is provided to 426 service users by 247 staff. The service is commissioned from across the Trust's programmes of care. The services provided are personal and practical care; the agency also provides respite care which includes social outings and a sitting service. The agency state in their Statement of Purpose that:

*"The aim of the agency is to provide a range of services in a caring manner which promotes the independence and dignity of individuals, to enable them to maintain their individual home life for as long as required".*

## **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the agency was an unannounced care inspection dated 5 November 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 3.1	The registered manager must ensure that a person centred, holistic assessment of need is obtained for each service user before the service commences.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector examined a number of assessments in place. The manager confirmed that assessments are obtained prior to service commencement. This was verified by the staff interviewed.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 3.3	The registered manager should ensure; <ul style="list-style-type: none"> <li>• care plans detail the care and services to be provided for the service user</li> <li>• specifies how specific needs and preferences are to be met</li> <li>• details the management of identified risks</li> <li>• an identified care plan must be revised to ensure it clearly identifies the care and support to be provided</li> <li>• Clear processes should be in place to update care plans when there is a change in circumstances.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector examined a number of care plans in place. These included details of service to be provided as well as specific needs and requirements. The manager stated that work was completed in January 2015 to improve and develop care plans.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 5.2	The registered manager should ensure that; Care records are audited to ensure any restrictive practice in regard to the use of lap belts, cot sides and security arrangements for individual homes is clearly detailed in the care plans. <ul style="list-style-type: none"> <li>• These arrangements must be agreed by the multi –disciplinary team and should demonstrate that it is in the best interest of the service user.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The monitoring manager ensures that any restrictive practice is clearly identified within care plans, in line with the HSC Trust policy and procedure.	



<b>Recommendation 4</b>  <b>Ref:</b> Standard 11.2	It is recommended that the Trust provides the registered manager with written proof that the recruitment process has been fully completed and the outcome is satisfactory.	Met
	<b>Action taken as confirmed during the inspection:</b> The inspector examined the records available from the latest recruitment and selection process. The records available met the minimum standard.	
<b>Recommendation 5</b>  <b>Ref:</b> Standard 12.9	The registered manager should consider how the outcomes of staff evaluations can be captured into a competency based framework for staff.	Met
	<b>Action taken as confirmed during the inspection:</b> The manager stated that following training staff are required to complete competency assessments. The inspector discussed this with staff interviewed who confirmed that they do complete competency assessments.	
<b>Recommendation 6</b>  <b>Ref:</b> Standard 15.4	The registered person should ensure information in regard to complaints is updated to include information on the role and function of the RQIA.	Met
	<b>Action taken as confirmed during the inspection:</b> The agency's complaints procedure was updated on the 31 July 2015 and includes the required information.	

### **5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.**

#### **Is Care Safe?**

The UCO was advised that 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 the carer's knowledge of the required care.

The documentation relating to seven service users was reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan and risk assessment and were accurate, up to date and included basic information regarding the service user's condition. The agency's log sheets were reviewed and issues were identified regarding some calls not being recorded and the length of calls. This was raised with the manager who confirmed that log sheets are reviewed by supervisors during visits.

#### **Is Care Effective?**

The UCO was informed by the majority of the people interviewed that they had not made any complaints regarding the service, however they are all aware of whom they should contact if any issues arise. Management visits and observation of staff practice are taking place. Some of people interviewed confirmed that they had received a questionnaire from the agency to obtain their views on the service.

The inspector discussed with the monitoring manager and the registered manager the details of the direct observations that take place within the agency. The records of observations were examined by the inspector. Documentation in place highlights some of the following areas monitored:

- *Is the worker taking the time as commissioned?*
- *Has the worker been trained up to date in manual handling?*
- *Is the worker following the medicines management procedures as per training?*
- *Are duties recorded correctly dated and signed?*
- *Did the worker follow the care plan?*

Service user records viewed in the agency office evidenced regular visits and feedback received had been followed up. These records evidenced that the agency carries out care reviews with service users if changes to their needs are identified. The agency maintains a communication log for each service user where details of requests for changes are noted. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. They provided examples to demonstrate how they promote service user independence, choices and respect.

All of the people interviewed were aware of whom they should contact if any issues arise regarding the service.

The most recent monthly monitoring reports reviewed evidenced that working practises are being systematically reviewed.

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

- *“Couldn’t say a bad word.”*
- *“Quite happy with them.”*
- *“Very happy with the care.”*

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits or surveys from the agency. One relative stated in a compliment card:

- *“Thank you for juggling around the times of the calls, each time my \*\*\*\* condition called for a change of \*\*\* routine.”*

### **Is Care Compassionate?**

The majority of the people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from the Southern Trust’s homecare service. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- *“More than satisfied with the help.”*
- *“Peace of mind for the family.”*
- *“Couldn’t say a bad word.”*
- *“Never had reason to complain.”*

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included dementia, COPD, and working with service users with limited verbal communication and mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

### **Areas for Improvement**

There were no areas for improvement identified in this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.**

### **Is Care Safe?**

A range of management systems, policies and processes relating to communication channels with service users and their relatives were viewed. These included daily contacts, on call arrangements and management of missed calls. The policy on the escalation of missed calls was updated by the agency in January 2015. Staff interviewed were able to describe to the inspector the procedure they would follow if calls were missed. The manager stated that missed calls are an agenda item during staff meetings, where staff discuss their significance and the wider implications.

### **Is Care Effective?**

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. One relative also advised that they had experienced a small number of missed calls from the agency. The inspector discussed this with the registered manager and the monitoring manager.

Management of missed calls were reviewed during inspection and had been evidenced as appropriately managed. Records evidenced that where missed calls or poor timekeeping had been identified, the staff involved had been appropriately managed through supervision and/or disciplinary action to address the issues. The registered manager and the monitoring manager confirmed that ongoing staff monitoring ensures these issues are not repeated.

The on-call log viewed evidenced that on occasions, calls were noted as 'missed' when in fact the service user had not been home, but the agency had not been informed by service user or the family.

Staff interviewed confirmed that they felt supported by senior staff and demonstrated a clear understanding of their reporting processes, if running late for next service user visit, or where they are unable to gain access to a service user's home.

### **Is Care Compassionate?**

During UCO contacts, no concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed. Records examined by the inspector did show evidence of service being provided in a person centred manner and in line with individual care plans. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

### **Areas for Improvement**

There were no areas for improvement identified in this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

The agency completed a client satisfaction survey in November 2014. The positive comments were noted.

- 94.6% of people stated that they are treated as an individual.
- 98.2% felt that domiciliary care workers were approachable.
- 98.4% of clients said that the service they would receive was explained to them.
- 91.00% of clients found it easy to contact the service.

The agency completed a staff satisfaction survey in March 2015. The positive comments were noted as was the action plan in place in relation to:

- Introductions to new care packages
- On call procedures
- Complaints
- Communication with other staff

### **Complaints:**

The agency returned to RQIA a summary of all complaints received between 1 January 2014 and 31 March 2015. The agency had received no complaints during this period.

### **Quality Monitoring:**

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of quality monitoring and service improvement.

No requirements or recommendations resulted from this inspection.

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Valerie Magowan	<b>Date Completed</b>	20/1/16
<b>Registered Person</b>	Angela McVeigh	<b>Date Approved</b>	16/02/16
<b>RQIA Inspector Assessing Response</b>	Jim Mc Bride	<b>Date Approved</b>	23/2/16

Please provide any additional comments or observations you may wish to make below:

My Surname is spelled Magowan.  
 .Many Thanks Valerie

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.