



The **Regulation** and
Quality Improvement
Authority

Moyle Community Services
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**Unannounced Care Inspection
of
Moyle Community Services**

19 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 19 January 2016 from 10.15 to 15.30 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. 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
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the registered manager, Elizabeth Ross and Amanda Williamson area manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern HSC Trust Anthony Baxter Stevens	Registered Manager: Elizabeth Ross
Person in charge of the agency at the time of Inspection: Elizabeth Ross	Date Manager Registered: 4 June 2009
Number of service users in receipt of a service on the day of Inspection: 194	

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
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report

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

- Discussion with the registered manager
- Consultation with four care workers
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the User Consultation Officer (UCO) spoke with five service users and nine relatives, either in their own home or by telephone, between 7 and 19 December 2015 to obtain their views of the service. The service users interviewed receive assistance with the following:

- Management of medication
- Personal care
- Meals

The UCO also reviewed the agency's documentation relating to four service users. On the day of inspection the inspector met with four care staff to discuss their views regarding care provided by the agency, staff training and staffs general knowledge in respect of the areas reviewed. Staff feedback is contained within the body of this report. The inspector gave the registered manager ten questionnaires to distribute to randomly selected staff members for their completion, asking for their views regarding the service, and return to RQIA. It was disappointing that no staff questionnaires were returned to RQIA following the inspection.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Four service user records in respect of the agency quality monitoring via face to face contact and trust review process
- One service user record in respect of findings by user consultation officer.
- Three staff quality monitoring records
- Service user compliments received during 2015

- Complaints log
- Monthly monitoring reports for October to December 2015
- Annual quality report
- Management staff daily contact log records/on call logs for December 2015
- One missed call record and follow up actions
- Four communication records with trust professionals

5. The Inspection

Profile of service

Moyle Community Services is a domiciliary care agency based on the Moyle hospital site. Under the direction of the manager Elizabeth Ross, a team of 85 staff provide a variety of services to 194 service users in their own homes. These services include personal care, social support, some domestic assistance and reablement. The majority of service users are older people, but the agency also provide services within the categories of physical disability, learning disability, mental health and dementia care. The agency is part of the Northern HSC Trust, and provides services from Whitehead to the greater Larne area.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 9 February 2015. 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 Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (6)	The registered manager is required to expand their 'Handling service user's monies' procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of care plan tasked shopping.	Met
	Action taken as confirmed during the inspection: The inspector viewed the document "Handling service users money; Guidance for Homecare Staff" which provided guidance on emergency shopping tasks. This matter was also included in a newsletter issued to homecare workers in December 2015.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.5	The registered manager is recommended to ensure all staff receives an annual appraisal in line with their procedure. (Restated from 20 March 2014)	Met

	Action taken as confirmed during the inspection: The inspector confirmed an annual appraisal has now taken place with the staff member who did not have annual appraisal at the time of the last inspection. One other file examined did not have appraisal completed however this has been scheduled for 21 January 2016.	
Recommendation 2 Ref: Standard 12.3	The registered manager is recommended to ensure all staff is provided with manual handling update training in line with best practice guidance. (Restated from 20 March 2014)	Met
	Action taken as confirmed during the inspection: The inspector examined the manual handling training records which verified that some staff still required updates. The inspector viewed a schedule which provided an assurance that staff who had missed training sessions due to sickness or leave were due to complete their update training on dates identified in February and March 2016. From discussion with the manager and examination of records, the inspector was satisfied that there were appropriate arrangements in place to ensure that this training would be undertaken by the relevant staff.	

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?

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users and/or representative's views had been obtained and incorporated.

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 four service users were reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan however one requires to be updated. This matter was discussed with the registered manager who agreed to review immediately. It was also noted that the log sheets were not being appropriately signed on a consistent basis. The inspector viewed four service user files and noted in one file that log sheets did not contain full signatures or dates. A recommendation is made in respect of this.

Is Care Effective?

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise.

The majority of the people interviewed were unable to confirm that they had received a questionnaire from the agency to obtain their views of the service. The inspector was advised that questionnaires are sent out annually by the agency to obtain the views of the service from service users or their representatives. Records of the 2014/2015 Service Annual Quality Report was viewed which contained feedback from service users and /or representatives. The sample size of 30 was discussed and the inspector was advised by the registered manager and area manager that they would consider increasing this number.

Management visits to the homes of service users are taking place on a regular basis to discuss their care; and some services users were able to confirm that observation of staff practice had taken place. Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis.

No staff practise issues were identified during the spot checks which the inspector viewed in three staff files.

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 Moyle Community Services in the Larne area. An issue was discussed with the registered manager regarding a matter raised by a relative to the user consultation officer. The inspector was satisfied that this matter had been managed appropriately and that a training need identified had been met. 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:

- "Couldn't speak highly enough of them."
- "Lovely team."
- "The girls have a great way with them; have become like part of the family."
- "Nothing to complain about."
- "Couldn't be better."

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 working with service users with limited communication and mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. 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

All service user records should be appropriately signed and dated by the person making the entry.

Number of Requirements:	0	Number of Recommendations:	1
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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 and processes were reviewed in operation within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and late calls. The agency has a procedure for management of missed calls and the inspector was shown a record of a missed call which was recorded as an incident.

The inspector discussed on call arrangements with the registered manager and area manager who confirmed that the on call arrangements outside of office hours do not cover all designated working times and there is no on call service between 5.00pm and 6.00pm and after 11.00pm and between 7.00am and 9.00am. The inspector was advised that this matter has been discussed within HSCTrust and future new employee contracts may help address this deficit.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed.

Is Care Effective?

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting where calls are running late or may be missed. They discussed communicating such matters with service users and with the office management.

The manager discussed how carers work in teams within localities and described recent unprecedented levels of staff sickness which required managers to rearrange training sessions and prioritise ensuring service user calls had been made.

The inspector examined staff rotas for weeks beginning 15, 22 and 29 January 2016 and was satisfied that the agency had taken appropriate steps to manage staffing resources to meet service user needs.

Is Care Compassionate?

The UCO was informed by 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. The people interviewed also advised that they had not experienced missed calls from the agency.

Four staff members spoken to on the day of inspection emphasised the importance of dignity and respect when working with service users.

Areas for Improvement

No areas for improvement were identified regarding this theme.

Number of Requirements:	0	Number of Recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with registered manager Elizabeth Ross and area manager Amanda Williamson as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1 All records should be legible, up to date and signed and dated by the person making the entry.

Ref: Standard 5.6

Stated: First time

To be Completed by:
Immediate and ongoing.

Response by Registered Person(s) Detailing the Actions Taken:
Registered Manager will ensure all records are legible, up to date, signed and dated by staff members making the entry

Registered Manager Completing QIP	Elizabeth ross	Date Completed	07/03/16
Registered Person Approving QIP	Dr Tony Stevens Una Cuning	Date Approved	07/03/16
RQIA Inspector Assessing Response	Michele Kelly	Date Approved	10/03/16

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address