

Unannounced Care Inspection Report 2 January 2019



Moyle Community Services

Type of Service: Domiciliary Care Agency

Address: 1st Floor, Inver, Gloucester Avenue, Larne, BT40 1RP

Tel No: 02828266145

Inspector: Kieran Murray

Clair McConnell User Consultation Officer (UCO)

www.rqia.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

This is a domiciliary care agency which provides personal care and housing support to 148 individuals with physical, mental health and learning disability, care of the elderly needs living within the Northern Health and Social Care Trust (NHSCT) area. Service users are supported by 84 staff.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Mrs Helen Thompson
Person in charge at the time of inspection: Mrs Helen Thompson	Date manager registered: 16 October 2018

4.0 Inspection summary

An unannounced inspection took place on 2 January 2019 from 10.00 to 16.00.

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

The inspection progressed 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:

- staff induction
- staff training and development
- staff supervision and appraisal
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)

Areas requiring improvement were identified in relation to recruitment and selection and record keeping.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Helen Thompson, Registered Manager and Ms Elizabeth McErlean, Area Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 28 December 2017

No further actions were required to be taken following the most recent inspection on 28 December 2017.

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 complaints
- record of notifiable incidents
- correspondence with RQIA since the previous inspection
- concerns log

As part of the inspection the User Consultation Officer (UCO) spoke with four service users and five relatives, either in their own home or by telephone, on 2 and 3 January 2019 to obtain their views of the service. The service users interviewed received assistance from Moyle Community Service with the following:

- support with their diabetes
- personal care
- meals

The UCO also reviewed the agency's documentation relating to four service users.

During the inspection the inspector met with the registered manager, area manager and three staff.

The following records were examined during the inspection:

- four service users' care and support plans
- health and Social Care Trust (HSCT) assessments of needs and risk assessments
- care review records
- recording/evaluation of care used by the agency
- monthly quality monitoring reports
- staff meeting minutes
- staff training records
- records relating to staff supervision
- records relating to Knowledge Skills Framework (KSF)
- complaints records
- incident records
- induction records
- staff rota information
- staff Recruitment Policy
- a range of policies relating to the management of staff

- Supervision Policy
- Knowledge Skills Framework Policy
- Induction Policy
- Safeguarding Adults in Need of Protection Policy
- Risk Management Policy
- Incident Policy
- Whistleblowing Policy
- Policy relating to management of data
- Complaints Policy
- Statement of Purpose
- Service User Guide

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff and visiting professionals to give their views and provides staff and visiting professionals with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

The inspector requested that the registered manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

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 28 December 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 28 December 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.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place. The inspector examined a range of staff files which evidenced that appropriate pre-employment checks had not been completed. The inspector could not evidence that the registered provider or registered manager had completed a statement to indicate that staff were both physically and mentally fit to complete the work they were being employed to carry out. An area for improvement has been made in respect of Regulation 13.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the Regulations. Staff also informed the inspector that a Corporate Induction is provided by the Trust. Staff stated that they are required to shadow other staff members during their induction. The inspector spoke to three staff members who provided positive feedback regarding how their induction prepared them for their roles and responsibilities. They indicated that they felt supported by the other staff and the registered manager.

Staff comments:

- "Shadowing was very helpful."
- "We got an induction booklet."

Staff rotas viewed and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff informed the inspector that the rota is a three week rolling rota and is devised for current financial year. Staff spoken to on the day of the inspection advised the inspector that vacant shifts are covered by the agency's staff and a group of staff employed on the Trust bank staff list.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015. The inspector received feedback from the registered manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. Staff spoken to on the day of inspection could name the agency's safeguarding champion and describe their role within the Trust. It was positive to note that the agency had 'Adult in Need of Protection' training available in DVD form.

The inspector noted that staff were confident regarding their responsibilities in relation to safeguarding issues and clear lines of accountability. On the day of the inspection the inspector noted that there had been no safeguarding referrals made since the previous inspection 28 December 2017.

Examination of records indicated that a system to ensure that staff supervision and Knowledge Skills Framework (KSF) are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and Knowledge Skills Framework (KSF) in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the agency's training plans which indicated compliance with the Regulations and Minimum Standards. There was evidence that staff have attended training additional to that outlines within the Minimum Standards such as Dysphagia, Parkinson's, Palliative Care training.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and is confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection the inspector noted that a number of restrictive practices were in place. It was noted that it was of the least restrictive nature and considered necessary in conjunction with the HSCT. The inspector noted that one restrictive practice had not been reviewed within the last year. Following the inspection and within an agreed timeframe the area manager forwarded the completed review documentation to RQIA. The inspector examined the information and found it to be satisfactory.

The inspector reviewed the process for reporting and management of incidents within the agency. There had been no incidents/accidents reportable to RQIA since the previous inspection on 28 December 2017. The inspector reviewed the agency's accidents/incidents reportable to the Trust and found they had been managed in accordance with Trust policy and procedure.

The inspector noted from records viewed that the agency had not received any complaints since the last inspection on 28 December 2017.

The inspector noted a number of compliments had been received from service user representatives via emails, cards and during annual reviews. Examples of comments are listed below:

- "XXX thought of the home care workers (HCW) as walking angels."
- "XXX had a superb team of girls who provide the service."
- "XXX is very appreciative of everything they do and can find no fault with anything."

The inspector evidenced that a review of service users' needs took place yearly or sooner if required.

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 the Moyle Community Service. Care is usually provided by a team of consistent carers; this was felt to be important so that a rapport could develop between the service users and carers. One service user and their relative raised a concern regarding consistency with the UCO. The inspector discussed the concern with the registered manager on 11 January 2019 and was assured that the concern would be addressed by the agency.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling, catheter care and support with diabetes. All of the service users and relatives interviewed confirmed that they were aware of whom they should contact if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “Good support for both of us.”
- “The carers change all the time so it’s hard to get to know them.”
- “Never let us down.”

The registered manager advised the inspector that each staff member is provided with a high visibility jacket, torch, mobile phone and personal alarm as part of their Trust uniform.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training, supervision, Knowledge Skills Framework (KSF) and adult safeguarding.

Areas for improvement

An area of improvement has been identified in relation to physical and mental fitness of new staff.

	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 agency’s arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency’s Statement of Purpose (2018) and Service User Guide (2018).

The inspector reviewed four service users’ individual care and support plans. The inspector was informed that care and support plans are reviewed yearly or sooner. The registered manager informed the inspector that multi-disciplinary reviews with the HSCT representatives took place on a six monthly basis or sooner if needed. The inspector examined documentation for both processes and the records were noted to be satisfactory.

The agency maintains contact records for each service user. On examination of records the inspector noted a number of recording practices which were not in keeping with the agencies policy and procedure and the domiciliary agencies standards. An area for improvement has been made in relation of Standard 5.

The agency retains paper copies of risk assessments, care and support plans in each service user's home.

Staff interviewed on the day of the inspection confirmed they were provided with details of care required for each service user.

Staff comments:

- "There is an open door policy in the agency."

Feedback received by the inspector from staff indicated that service users or their relatives: have a genuine influence on the content of their care plans. This was evidenced by the inspector on examining records during the service users' yearly review.

The agency's quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Monthly quality monitoring is undertaken by the responsible person who has a good working knowledge of the service. Quality monitoring reports included details of consultation with a range of staff, relatives as appropriate and community keyworkers, and progress on improvement matters. Following a discussion on formats of the reports, the inspector made the responsible person aware of the template available on the RQIA website for reference and support if needed.

The inspector noted the following comments made by relatives and other Trust professionals on monthly monitoring reports:

Relative comment:

'Find the girls very patient and respectful.'

Trust professional comment:

'XXX rates quality of service excellent. No suggestions for improvement.'

Records reviewed by the inspector confirmed that spot checks of staff practice were carried out within the homes of service users' by home care officers. Records reviewed by the inspector identified that no concerns had been identified regarding staff practice during spot checks and monitoring visits.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The registered manager and staff described effective verbal and written communication systems with the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate HSCT community professionals when relevant.

It was evident that the agency has a range of methods to communicate with and record the comments of service users, including speaking with service users on a daily basis and being available for discussion. Staff who spoke to the inspector outlined their understanding of service user's choice, dignity, and respect.

Review of team meeting records indicated that team meetings had taken place on a three monthly basis; the registered manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good among the staff team.

The inspector noted that service user/relative, staff, stakeholder questionnaires carried out by the agency; had positive results. The inspector examined the annual report and found it to be satisfactory.

Advocacy service information was available in the Statement of Purpose and Service User's Guide for service users to contact if necessary.

The inspector noted that the Trust are providing staff with a kit which includes a hat, gloves, tin of de-icer and window screen scraper for use in the event of adverse winter conditions.

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping. No concerns were raised that care has been rushed. One of the service users interviewed advised that they had experienced a small number of missed calls by the agency. Care is usually provided by a team of consistent carers; this was felt to be important so that a rapport could develop between the service users and carers.

No issues regarding communication between the service users, relatives and staff from Moyle Community Service 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:

- "Would give them 110%."
- "Best team I could have got."
- "No issues with the care."

As part of the home visits the UCO reviewed the agency's documentation in relation to four service users. Two care plans required to be updated and one issue in relation to records not being completed in black ink was also identified.

The inspector spoke to the registered manager on 11 January 2019 and advised about the need to update the two care plans and assurance given that this would take place. An area for improvement has already been stated in relation to record keeping earlier in the report.

Areas of good practice

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

Areas for improvement

An area for improvement has been identified in relation to record keeping.

	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.

The inspector sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency had participated in liaison with a range of community professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

It was evident that the agency staff and community keyworkers promote the independence, equality and diversity of service users.

Feedback from staff who spoke to the inspector indicated that they had developed knowledge of individual service users through careful observation and interaction over time.

Staff comments:

- "There is good support within the team."

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

- “Lovely girls.”
- “More than carers; have become good friends.”
- “Have got to know them well.”

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.

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.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which comprises of the provision of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA.

The Trust operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures. Policies and procedures are maintained in paper format accessible to all staff. However, the inspector noted that the disciplinary policy was out of date. The inspector evidenced the registered manager discussing the out dated policy with the area manager and was given assurance that this would be addressed with the Trusts Human Resources Department.

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 monitoring officer 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 services
- equity of care and support
- individual person centred care
- individualised risk assessment

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

Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The agency maintains a quality monitoring system which provides a thorough standard of monitoring in accordance with RQIA guidance.

Staff comments:

- “The service users know the bosses very well.”
- “One reason why I am still here is because of the managers.”

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

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.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Helen Thompson, Registered Manager and Ms Elizabeth McErlean, Area 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	
Area for improvement 1 Ref: Regulation 13 (c) (d) Stated: First time To be completed by: Immediate and Ongoing	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless -</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure she has received evidence that appropriate pre-employment checks have been completed and will also meet with the new member of staff to discuss and confirm that they are both physically and mentally fit to complete the work they are being employed to carry out.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 5 Stated: First time To be completed by: Immediate and Ongoing	<p>Recording and reporting</p> <p>This area for improvement relates specifically to correction methods and use of coloured ink pens which is not in keeping with policy and procedures set down by the Trust and professional regulatory bodies.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager held a meeting with Home Care Officers (Managers) directly after the inspection - the usage of correction fluid and coloured ink pens to cease with immediate effect. Only black ink to be used when recording in service user held records and all Trust related documentation and records. Home Care Officers were directed to address this with the Home Care Workers they manage. This has also been added as a standard agenda item for individual supervisions and team meetings.</p>

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



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