



The Regulation and  
Quality Improvement  
Authority

Rathcoole Fieldwork Office  
RQIA ID: 10945  
Innis Avenue  
Newtownabbey  
BT37 9NA

Inspector: Jim McBride

User Consultation Officer: Clair McConnell

Tel: 02890855355

Inspection ID: IN023823

Email: [elizabeth.ross@northerntrust.hscni.net](mailto:elizabeth.ross@northerntrust.hscni.net)

---

**Announced Care Inspection  
of  
Rathcoole Fieldwork Office**

**19 February 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 19 February 2016 from 09.00 to 12.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified. 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> Dr Anthony Baxter Stevens Northern Health and Social Care Trust	<b>Registered Manager:</b> Elizabeth Ross
<b>Person in charge of the agency at the time of Inspection:</b> Elizabeth Ross	<b>Date Manager Registered:</b> 4 June 2009
<b>Number of service users in receipt of a service on the day of Inspection:</b> 273	

### 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 quality improvement plan (QIP)
- Records of notifiable events
- User Consultation Officer (UCO) report.

Specific methods/processes used in this inspection including 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:

- Six service user records in respect of referral, assessment, care plan and review
- Six service user records in respect of the agency quality monitoring
- Six staff quality monitoring records
- Complaints log
- Monthly monitoring reports from August 2015 to January 2016
- Annual quality report
- Staff Rotas for weeks ending 12/2/16,19/2/16 and 26/2/16
- Staff daily contact log records
- Six communication records with HSC Trust professionals.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and five relatives on 17 February 2016 to obtain their views of the service. The service users interviewed receive assistance with the following:

- Management of medication
- Personal care
- Meals.

During the inspection the inspector spoke with the registered manager the homecare manager and two homecare workers. The two homecare workers interviewed gave a comprehensive overview of the service.

#### Staff comments:

- “Training is regular”
- “We work well as a team and support each other”
- “We receive one to one supervision”
- “Induction is comprehensive.”

At the request of the inspector the manager was asked to distribute a number of questionnaires to staff for return to RQIA. Six questionnaire was returned.

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 meets services user’s needs
- The times allocated to meet the service user’s needs
- The information provided to service users regarding delayed calls.

## 5. The Inspection

Rathcoole Fieldwork Office is a domiciliary care agency based in the Rathcoole Newtownabbey, and is part of the Northern HSC Trust. Under the direction of the acting registered manager, Ms Elizabeth Ross, 121 staff provide services to 273 service users. These services include personal care and support.

### Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 22 January 2015. The completed QIP was returned and approved by the care inspector.

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

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15 (6)(d)	The acting 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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.	

<b>Requirement 2</b>  <b>Ref:</b> Regulation 15 (2)(b)&(c)	The acting registered manager is required to ensure service users care plans/risk assessments contain clear directions relating to the use of bedrails.  <b>Action taken as confirmed during the inspection:</b> The inspector examined records available and confirmed compliance with the requirement.	<b>Met</b>
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.3	The acting registered manager is recommended to ensure all staff is provided with manual handling update training in line with best practice guidance.  <b>(Restated from 24 March 2014)</b>  <b>Action taken as confirmed during the inspection:</b> 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.	<b>Met</b>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 8.17	The acting registered manager is recommended to ensure all management staff completes outstanding update training on mandatory subject areas.  <b>Action taken as confirmed during the inspection:</b> The inspector examined records available and confirmed compliance with the recommendation.	<b>Met</b>

## 5.2 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 service users are usually introduced to, or advised of the name of, new carers 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.

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.

### **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.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. Management visits are taking place on a regular basis to discuss their care as well as observation of staff practice.

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 practice issues were identified during the spot checks which the inspector viewed in six staff files. On site supervision included the following observations: - had the care worker -

- Adhered to the care plan?
- Adhered to risk assessments?
- Used the equipment in accordance with risk assessments?
- Encouraged participation?
- Used the seven steps to hand hygiene?
- Maintained dignity and treated clients with respect?

The inspector discussed with the registered manager the details of the direct observations that take place within the service users homes. The records of observations/supervision were examined by the inspector. 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.

Staff 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 practices are being systematically reviewed. Some of the comments received included:

- "Staff are always approachable"
- "Staff always explain what they are going to do"
- "Care is very effective"
- "Nice to see someone reliable come in"
- "They treat me as a person."

## Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from the Northern Trust. 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; however two relatives felt that care on occasion can be 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:

- “All very polite and good at their jobs”
- “The consistency in carers is good as they have got to know my XXX’s needs”
- “Nothing to complain about”
- “Great girls.”

In the main, 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. One relative did raise concerns regarding stoma care training. This was discussed with the manager during inspection who stated that all relevant staff are aware of the care required in relation to Stoma care.

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 surveys for the agency.

## Areas for Improvement

No areas for improvement were identified regarding this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## 5.3 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 the management of missed calls.

The inspector discussed on call arrangements with the registered manager and homecare 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 HSC Trust 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 (see the comments above). A number of care review records were examined by the inspector comments made by service users during their reviews included:

- “They are very dependable staff”
- “Staff are very nice and helpful”
- “I’m very happy with the service”
- “I could not praise the staff enough”
- “I’m happy with the homecare workers who call”.

### **Is Care Effective?**

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. One relative also advised that they had experienced one missed call from the agency.

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 ending 12/2/16, 19/2/16 and 26/2/16 and was satisfied that the agency had taken appropriate steps to manage staffing resources to meet service user needs.

### **Is Care Compassionate?**

During UCO contacts, one concern was raised regarding the length of calls; one of the people interviewed felt that care was being rushed. The above comments made were discussed with the registered manager. 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**

No areas for improvement were identified regarding this theme.



<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## 5.4 Additional Areas Examined

### **Complaints:**

The agency returned to RQIA a summary of any 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. The inspector noted comments by service users and has stated them in the body of this report.

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.

**6.0 No requirements or recommendations resulted from this inspection.**

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Elizabeth Ross	<b>Date Completed</b>	08.03.16
<b>Registered Person</b>	Dr Tony Stevens Una Cunning	<b>Date Approved</b>	08.03.16
<b>RQIA Inspector Assessing Response</b>	Jim Mc Bride	<b>Date Approved</b>	14/3/16

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

*\*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\**