

Unannounced Care Inspection Report 29 March 2019



Rathcoole Fieldwork Office

Type of Service: Domiciliary Care Agency
Address: Innis Avenue, Newtownabbey, BT37 9NA
Tel No: 02890855355
Inspector: Bridget Dougan

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

Rathcoole Fieldwork Office is a domiciliary care agency which provides personal care services to people living in their own homes. Service users have a range of needs including physical disability, dementia and learning disability. Ninety nine staff currently provide care and support to 219 people living in their own homes within the community.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Dr Anthony Baxter Stevens	Registered Manager: Mrs Helen Thompson
Person in charge at the time of inspection: Mrs Helen Thompson	Date manager registered: 18 October 2018

4.0 Inspection summary

An unannounced inspection took place on 29 March 2019 from 11.30 to 15.45.

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

Evidence of good practice was found in relation to staff recruitment, training, supervision, quality monitoring, the provision of compassionate care and the involvement of service users.

One area requiring improvement was identified in relation to the monthly quality monitoring reports.

Service users' comments are included throughout the report.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Helen Thompson, 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 12 February 2018

No further actions were required to be taken following the most recent inspection on 12 February 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 reports
- record of notifiable events
- all correspondence received by RQIA since the previous inspection

The following records were examined during the inspection:

- three staff recruitment records
- three staff induction records
- two staff supervision and appraisal records
- staff training records for 2018/2019
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three service user records regarding, assessment, care planning, review and quality monitoring
- daily logs returned from the service users' homes
- RQIA registration certificate
- a selection of policies and procedures
- service user guide/agreements
- statement of purpose
- manager's service user audits
- monthly quality monitoring reports
- annual quality report 2017 – 2018.

During the inspection the inspector spoke with the manager, the operations manager and the area manager.

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and six relatives, by telephone, on 22 and 25 March 2019 to obtain their views of the service. Two relatives were unable to complete the interview but confirmed that they were satisfied with the care being provided. The service users interviewed receive assistance with personal care and meals from the carers.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 February 2018

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 12 February 2018

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.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. These policies and procedures were found to be up to date and compliant with relevant regulations and standards.

A sample of three staff personnel records was reviewed and evidenced that all required pre-employment checks had been satisfactorily completed in accordance with the regulations.

The manager confirmed all staff were registered with the NISCC. The manager discussed the system in place to identify when staff were due to renew their registration and provided reassurances that staff are not permitted to work if their NISCC registration has lapsed.

A review of records confirmed that all staff had received a structured induction programme in line with the timescales outlined within the regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance.

A review of staff training records evidenced that training had been provided in all mandatory areas. Compliance with training was monitored on a regular basis by the manager and as part of the monthly quality monitoring processes.

The safeguarding adults and whistleblowing policies and procedures dated May 2017 were reviewed. The safeguarding policy and procedure provided information and guidance in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015 and 'Adult Safeguarding Operational Procedures' September 2016. The agency has an identified Adult Safeguarding Champion.

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 Northern Trust's homecare service. Care is provided by small teams of carers; this was felt to be important so that a good relationship could develop between the service users and the carers. Confirmation was received that service users are usually informed if a different carer will be covering their call.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling and use of equipment. All of the service users and relatives interviewed confirmed that they knew who to contact if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “Absolutely brilliant.”
- “Never had any issues with any of them.”
- “Couldn’t be better.”

Discussion with the manager and a review of the accident and incident records confirmed that any accidents/incidents which had occurred since the previous inspection were recorded and notified to the HSC Trust in keeping with local protocols.

Review of records management arrangements evidenced that appropriate storage and data protection measures were being maintained in line with General Data Protection Regulation (GDPR) introduced in May 2018.

Review of the environment confirmed that the premises are suitable for the purposes of the agency as set out in their Statement of Purpose.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency’s arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers’ timekeeping, missed calls or that care has been rushed. Care is provided by small teams of carers; this was felt to be important for the service or informed if someone different.

No issues regarding communication between the service users, relatives and carers were raised with the UCO. The service users and relatives advised that home visits and 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:

- “It gives me peace of mind that someone calls regularly with XXX and will let me know if there are issues.”

- “Consistency is so important. It’s more personal.”
- “No issues whatsoever.”

The inspector examined three service users’ care records and found these to be detailed, personalised and reflective of the level of care and support provided. The manager advised that care reviews with the HSC Trusts were held annually or as required and that agency staff attended. The records reviewed identified that service user monitoring had taken place in keeping with the agency’s policy and procedures.

Service User Agreements were confirmed as having been provided to service users, in keeping with the minimum standards.

A sample of service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The manager explained that the agency attend the trust arranged care review meetings with service users/representatives. The inspector noted some of the comments made by service users during their annual review:

- “Excellent care provided, much appreciated.”
- “They are all very good to me.”
- “Couldn’t be better.”
- “They are great. They are like my family.”
- “Polite, treat XXX with dignity and respect.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 and questionnaires to ensure satisfaction with the care that has been provided by the Northern Trust’s homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- “Very pleasant.”
- “Very fond of the girls.”
- “Have a bit of craic with them.”

No staff feedback was received by RQIA following the inspection in respect of the quality of service provision.

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.

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.

The organisational structure of the agency and the lines of accountability were outlined within the Statement of Purpose.

There was a process in place to ensure that policies and procedures were systematically reviewed.

There was a process in place to ensure that complaints were managed in line with the regulations and minimum standards. Records reviewed confirmed that complaints had been appropriately managed in accordance with the agency’s policy and procedure.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011. A sample of the reports of monthly quality monitoring visits completed since the last care inspection was reviewed. The available reports had been completed by the area manager who has a working knowledge of the service. Records viewed were noted to lack evidence of consultation with service users, their relatives, agency staff and referring professionals. An area for improvement has been made in this regard and was discussed with the area manager at the conclusion of the inspection.

Review of the results of the annual quality review report for April 2017 – March 2018 provided positive feedback overall from service users, their representatives and other professionals regarding satisfaction with the service being provided.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of service users. The agency collected equality data on service users such as; age, gender, race, disability, marital status via the commissioning Trust referral information. Equality training had also been provided to staff.

Areas of good practice

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

Areas for improvement

An area for improvement has been made in respect of the monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	1

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, 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 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 Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 1.12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the monthly quality monitoring reports summarises the comments of staff, people who use the services and/or their representatives about the quality of the services provided.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Area Manager will continue to carry out Monthly Quality Monitoring Reports, which will include all consultations with service users, their relatives, agency staff and referring professionals. Suggestions that are made regarding improvements, compliments given and any issues raised regarding the quality of services will be listened to, recorded and responded to.</p>

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



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