

# Unannounced Care Inspection Report 26 November 2018



## Armour Complex

**Type of Service: Domiciliary Care Agency**  
**Address: 6 Newal Road, Ballymoney, BT53 6HD**  
**Tel No: 028 2766 1800**  
**Inspector: Marie McCann**  
**User Consultation Officer: Clair McConnell**

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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 a range of personal care, re-ablement and support services to people living in their own homes in the Ballymoney area. Service users have a range of needs relating to dementia, mental health, learning disability, sensory impairment and physical disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern Health and Social Care Trust (NHSCT)	<b>Registered Manager:</b> Heather Louise McElwee
<b>Responsible Individual:</b> Anthony Baxter Stevens	
<b>Person in charge at the time of inspection:</b> Heather Louise McElwee	<b>Date manager registered:</b> 4 June 2009

### 4.0 Inspection summary

An unannounced inspection took place on 26 November 2018 from 09.30 to 16.10.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was identified in relation to staff training, supervision and appraisal, adult safeguarding, risk management, care reviews, and communication between service users and agency staff and other key stakeholders. Further areas of good practice were also identified in regards to the provision of compassionate care and the involvement of service users, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

An area requiring improvement was identified in regards to service user care plans.

Service users and relatives' 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
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Heather McElwee, registered 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 11 January 2018

No further actions were required to be taken following the most recent inspection on 11 January 2018.

## 5.0 How we inspect

Prior to the inspections a range of information relevant to the service was reviewed. This included the following records:

- unannounced care inspection report dated 11 January 2018
- incident notifications which evidenced that one incident had been notified to RQIA since the last care inspection on 11 January 2018
- information and correspondence received by RQIA since the last inspection
- registration details of the agency

As part of the inspection the User Consultation Officer (UCO) spoke with two service users and six relatives, by telephone, on 10 and 11 December 2018, to obtain their views of the service. The service users are in receipt of assistance with the following:

- management of medication
- personal care
- meals

During the inspection the inspector met with the registered manager, a home care worker and an area manager.

The following records were examined during the inspection:

- Staff induction records for two recently recruited members of staff.
- Four personnel records for long term staff in relation to supervision and appraisal records.
- The agency's staff training matrix.
- Five service users' care records.
- A sample of service users' daily task records.
- The agency's complaints/compliments record from date of last inspection.
- A sample of the agency's rotas.
- A sample of minutes of staff meetings since the last inspection.
- A sample of the agency's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports for July 2018, August 2018, September 2018 and October 2018.
- Managerial Support and Supervision Policy, October 2018.
- Complaints Policy, August 2016.
- Whistleblowing Policy, April 2018.
- Statement of Purpose, August 2018
- Domiciliary Home Care Worker Handbook.

During this inspection the registered manager was asked to display a poster prominently within the agency's registered premises which invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No staff questionnaires were returned.

The inspector would like to thank the registered manager, staff, service users and their relatives for their support and co-operation during the inspection process.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 11 January 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 11 January 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.**

The inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The agency has a Human Resources (HR) department which manages the recruitment process of staff. The registered manager confirmed that staff employment records were held within the NHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and NHSCT policy and procedures. The inspector reviewed the induction records of two staff members recently recruited. This evidenced that staff received an induction lasting at least three days which included relevant mandatory training and shadowing with experienced staff. The inspector noted that one of the induction records viewed had not been signed by the staff member; the inspector had been advised prior to inspecting the record that this was outstanding and arrangements were already in place for the staff member to visit the office to sign the document. The inspector highlighted the importance of ensuring that staff sign induction records to confirm completion of each stage of the induction process as they are completed.

It was positive to note that in addition to a mandatory training programme, care staff attended a six day Homecare Worker's Development programme, which included training in areas such as dementia awareness, person centred planning, values, managing service users money, palliative care, bone health and preventing falls, behaviours which challenge, tissue viability, hearing impairment and consent and capacity.

The inspector viewed the agency's system to ensure that all staff receive appropriate training to fulfil the duties of their role. The agency has recently developed a matrix that enables the registered manager and senior managers to monitor and review compliance levels in relation to training completed. The inspector reviewed the agency's training matrix, which confirmed that the majority of mandatory training had been completed; however some omissions were noted with respect to a small number of staff. The registered manager reported that this was due to the master training matrix not having been updated by the relevant home care officers rather than the training updates having not been completed. An updated training matrix was subsequently made available for inspection and evidenced that the majority of staff have received updated training in line with expected timescales; assurances were provided to the inspector that arrangements are in place for the remaining staff to receive the training updates as part of a rolling programme of training. The staff member spoken with during the inspection commented: "Training is very beneficial, especially the likes of dementia training, it helps you look at things differently."

In addition to formal training sessions, a bi-annual newsletter sent to staff by the agency was noted to share relevant learning opportunities. For example, the newsletter dated August 2018 provided guidance to staff on maintaining good skin care, the Northern Ireland Social Care Council (NISCC) requirements for registration, carbon monoxide safety information, how to raise a concern, learning alerts with respect to the use of equipment in service users' homes and the introduction of the General Data Protection Regulation (GDPR).

No issues regarding the care workers' skills were raised with the UCO by the service users or relatives; this feedback included areas such as manual handling, use of equipment and management of medication. All of the service users and relatives consulted with confirmed that they could approach the care workers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Best carers in the world."
- "Very attentive."
- "They're all brilliant. Great service."

Discussion with the registered manager confirmed that there were systems in place to monitor staff performance and ensure that staff received support and guidance. The staff member spoken with on the day of inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and described an open door policy for discussions with the management team. A review of a sample of records evidenced that staff received supervision, appraisal and a visit to monitor care practices, on an annual basis. A review of a sample of records viewed by the inspector recorded no concerns regarding staff practice during spot check and monitoring visits. The registered manager advised that the new supervision policy is in the process of being implemented and this will likely increase the frequency of staff supervision.

A review of a sample of rotas evidenced that they were effectively organised with individual times being allocated to service users. Discussion with a staff member on the day of inspection raised no concerns in regards to having appropriate time to undertake their duties as per individual service user's care plans. The staff member commented: "Our rotas are very

consistent, there is time given for each service user, if a service user needs extra time then it is accommodated.”

The UCO was advised by all of the service users and relatives consulted with that they had no concerns regarding the safety of care being provided by the NHSCT’s homecare service. New care workers are usually introduced to the service user by a regular member of staff; this was reported to be important by service users both in terms of the service user’s security and that the new care workers had knowledge of the required care.

Discussion with the registered manager confirmed that there had been a number of adult safeguarding referrals made since the last care inspection. The registered manager advised that staff were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining factual records. Discussion with the registered manager and a staff member confirmed that they had good awareness of the pathway for reporting any identified safeguarding matters appropriately. Staff are required to receive guidance on the NHSCT adult safeguarding policy within the first three days of induction, prior to completion of more in-depth training which is then required to be updated two yearly.

The agency’s whistleblowing policy was reviewed and found to be satisfactory. The staff member spoken with accurately described how to escalate any concerns regarding the wellbeing of a service user or the practice of a colleague. The staff member commented: “You are told to report everything, no matter how trivial.”

The agency’s governance arrangements to highlight and promote the identification of and management of risk were inspected. All incidents and accidents are recorded on electronic system which are reviewed and audited by the registered manager, area manager and the NHSCT’s governance department. The registered manager advised that on review of incidents the governance department will also share an incident with relevant departments for follow up and action as appropriate, such as pharmacy. The registered manager advised that an audit of incidents are also undertaken on a monthly basis by the area manager as part of the monthly quality monitoring visit to identify any patterns or trends and develop further action plans as required.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding and risk management.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	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 responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of the provision

is detailed in the agency's Statement of Purpose 2018. The inspector requested that the registered manager update the Statement of Purpose to reflect the new contact details of the Northern Ireland Public Service Ombudsman and RQIA and include the details of the Patient Client Council (PCC). The registered manager agreed to action this.

The inspector reviewed a sample of five service users' care records. The care records were maintained in an organised manner and clearly indexed. The records reviewed included referral information received from the appropriate referring NHSTC keyworker/professionals and contained information regarding service users and/or their representatives. The referrals detailed the services being commissioned and typically included relevant assessments and risk assessments, as necessary. It was also positive to note that the care records sampled included a signed service user agreement. Although care plans viewed on the day of inspection contained a description of required care tasks, and there was evidence that these were updated as changes in commissioned care occurred, they lacked sufficient information. Specifically, the care plans did not reflect details of service users' assessed levels of need, management of risks or service users' preferences as outlined in the Domiciliary Care Agencies Minimum Standards, 2011, Standard 3.3. An area for improvement was made in this regard.

In addition, contact records were maintained in service users' care records which demonstrated effective and timely liaison with the multi-disciplinary team and relevant others in order to address changes in service users' needs. The inspector advised that the timing of such contacts should be documented in order to provide a contemporaneous and accurate time line. The registered manager agreed to address this matter.

Systems were noted to be in place to review the service user's care services and ensure it was appropriate to meet their assessed health and social care needs. The records evidenced that collaborative working arrangements were in place with service users, and were appropriate their relatives and other key stakeholders. The sample of care review records examined evidenced positive feedback from service users regarding the quality of care provided; a sample of service user comments made are noted below:

- "I really look forward to girls coming in, they are so helpful."
- "Girls are great, could not say a bad word about them."
- "First class service."
- "Excellent girls, could not say a bad word."

The agency maintains recording sheets in each service user's home file on which care staff record their visits. The registered manager advised that the daily recording sheets are collected on a regular basis and are audited by the home care officers. The inspector reviewed a sample of these records during inspection and noted that they recorded the start time and end time of each call and the task completed. It was noted that the name of the service user had not been recorded on a small number of records. The registered manager confirmed that this has been discussed with staff and that they have been reminded to ensure the sheets are completed fully.

The registered manager and staff member spoken with described effective communication systems in use within the staff team, to ensure staff receive information relevant to the care and support of service users. The staff member confirmed that they were provided with details of the care needs and care planned for each new service user or with changes to existing service users' care plans. In addition, they had access to on call out of hour's support, which they described as beneficial.



The UCO was informed by the service users and relatives consulted with that they had no concerns regarding the care workers' timekeeping or that care has been provided in a rushed manner. The service users and relatives also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new care workers by a regular member of staff.

No issues regarding communication between the service users, relatives and staff from the NHSCT's homecare 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 spoken with were able to confirm that they had received a questionnaire from the agency to obtain their views of the service provided.

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

- "Great support for the family."
- "No complaints whatsoever."
- "Gives me peace of mind that someone calls regularly with xxxx and contacts me if anything is wrong."

The registered manager confirmed that the agency has implemented an ongoing quality monitoring process as part of their review of services and this was evident during review of agency records. This included service user care reviews, telephone calls as part of the monthly quality monitoring visit undertaken by the area manager and an annual quality assurance/satisfaction survey. The feedback from the annual quality report for 2017/2018 noted that 97.5 per cent of respondents to the questionnaires regarding the quality of the service provided rated the service as excellent, very good or good.

A review of team meeting minutes since the last inspection evidenced that they had a varied agenda. Several team meetings were held across a number of dates by the home care officers with different staff groups. A review of the minutes of meetings held in October 2018 evidenced a quality improvement focus with discussion regarding: continence care with staff receiving a copy of the policy, and the NHSCT whistleblowing toolkit.

Review of the management of records within the agency during the inspection evidenced that appropriate storage and data protection measures were being maintained in accordance with legislative requirements.

### **Areas of good practice**

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

### **Areas for improvement**

One area for improvement was identified in regards to the information contained in the agency's care plans.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.**

Discussions with the registered manager and staff member indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. A review of the training materials for the six day Homecare Worker's Development programme and the domiciliary home care worker handbook highlighted the significance placed by the agency on ensuring service users are treated with dignity and respect.

The minutes of a staff meeting with the registered manager and home care officers in March 2018 evidenced discussion about how the agency could ensure staff demonstrate empathy in their role. Consideration was given to the development of reflective practice during the staff supervision process; this is commended.

A review of a sample of service user care reviews records evidenced that the agency placed importance on the quality of care provided to service users. Service users were asked to provide feedback with regards to staff being punctual, polite, caring, taking into account wishes and feelings and their specific needs and preferences. There was a focus on ensuring that care delivery maintained service users' dignity and that service users were treated with respect and confidentiality maintained.

The registered manager confirmed the agency's ability to provide a range of information for service users in alternative formats, such as braille, large print or other languages, upon request. The agency has also been able to access interpreting services for a service user to ensure effective communication and equality of service.

The staff member commented: "They try very hard to provide service users with the same staff, that consistency is very important, especially when completing personal care tasks."

All of the service users and relatives consulted with by the UCO confirmed that care provided was compassionate. The service users and relatives advised that care workers treat them with dignity and respect, Service users, as appropriate, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought by the service through the use of home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by the agency. Examples of some of the comments made by service users or their relatives to the UCO are listed below:

- "Lovely girls. We get on well."
- "They're amazing."
- "We have great banter and laughs with them."

### 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 in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 sought to assess the agency's leadership, management and governance arrangements to meet the assessed needs of service users. The RQIA registration certificate was up to date and displayed appropriately. The registered manager and staff member who met with the inspector could clearly describe staff roles and responsibilities and the process for obtaining support from senior management if required. The staff member commented: "I think working for the trust is really good, the service is well organised."

Discussion with the registered manager confirmed that they had a good understanding of their role and responsibilities in relation to the legislation. No concerns regarding the management of the agency were raised during the UCO's discussions with service users and their relatives.

Discussions with the staff member on the day of inspection highlighted positive working relationships in which issues and concerns could be freely discussed, and evidenced that staff were confident that they would be listened to by their management team. The staff member commented: "The home care officer and manager are very approachable, I feel comfortable raising any concerns."

All of the service users and relatives consulted with by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service.

The inspector reviewed the agency's homecare handbook and noted that the document should be reviewed and updated in a number of areas to reflect developments such as the mandatory registration of all social care staff with NISCC, the NSHCT whistleblowing policy and in addition should incorporate the terminology contained within the Adult Safeguarding Prevention and Protection in Partnership, July 2015 and associated Operational Procedures, September 2016.

The agency had a range of policies and procedures in place to guide and inform staff. The staff member commented: "we are updated during supervision, staff meetings and with the newsletter, of any new policies."

The agency maintained a complaints and compliments record, which is audited on a monthly basis. The registered manager described the complaints process which was in accordance with the agency's complaints policy. The complaints policy was noted to be appropriately detailed and included informal, formal, appeal and external resolution processes. Details of the role of RQIA and the Northern Ireland Public Services Ombudsman (NIPSO) were included. Discussion with the registered manager confirmed that they knew how to receive and deal with complaints and ensure complaints were escalated to the NHSCOT complaints department as

necessary. It was noted that the agency had a small number of complaints and a high number of compliments. The inspector viewed a thank you card received by the service which noted: “the team of carers that attended to xxxx went above and beyond all our expectations.”

Monthly quality monitoring visit reports were available for review since the last care inspection with the exception of October 2018; this was forwarded to RQIA following the inspection. The reports had been completed by the area manager who has a working knowledge of the service. Records viewed were noted to include feedback from consultation with service users, their relatives, staff and NHSCT representatives. In addition, they demonstrated a monthly audit of the conduct of the agency including a review of the number of incidents and complaints and an audit of service user and staff records. The inspector advised that actions identified are carried over for review the following month and action plans identify who is responsible for completing the action and details time frames. It was discussed the need to record if the visit to the agency is announced or unannounced. The area manager agreed to action this.

The inspector was advised that staff had received information with regards to the GDPR to provide them with information and awareness of recent legislative changes and how they relate to their role. In addition, an information leaflet has been provided to service users providing guidance on the processing of personal information by the NHSCT.

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 registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement to provide care.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Heather McElwee, registered 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 Minimum Standards, 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 3.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 January 2018</p>	<p>The registered manager ensures that the care plan includes information on:</p> <ul style="list-style-type: none"> <li>• the care and services to be provided to the service user</li> <li>• directions for the use of any equipment</li> <li>• the administration or assistance with medication</li> <li>• how specific needs and preferences are to be met</li> <li>• the management of identified risks</li> </ul> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Information on appropriate detail to be included in the care plan will be passed to all Social Work Teams who make referrals to this agency. It will also be raised at the Professional Social Work Forum to ensure adherence monitored.</p> <p>A copy of Standard 3: Referral arrangements ensure the service users identified needs can be met by the agency will be forwarded for their information/action.</p>



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