

Unannounced Care Inspection Report 27 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

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 and support services to people living in their own homes in the Coleraine and Ballycastle area. Service users have a range of needs relating to dementia, mental health, learning disability, sensory impairment and physical disability.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)	Registered Manager: Margaret Alexandra (Sandra) Kane
Responsible Individual: Anthony Baxter Stevens	
Person in charge at the time of inspection: Margaret Alexandra (Sandra) Kane	Date manager registered: 4 June 2009

4.0 Inspection summary

An unannounced inspection took place on 27 November 2018 from 09.15 to 14.15.

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 relation to 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
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Sandra Kane, 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 one service user and seven relatives, by telephone, on 13 and 14 December 2018 to obtain their views of the service. The service users receive assistance from the agency with the following:

- management of medication
- personal care
- meals
- sitting service

During the inspection the inspector met with the registered manager and spoke with two home care workers via telephone.

The following records were examined during the inspection:

- Staff induction records for one recently recruited staff member.
- 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 August 2018, September 2018 and October 2018.
- Complaints Policy, August 2016.
- Adverse Incident Management Policy, 2017.
- Whistleblowing Policy, April 2018.
- Statement of Purpose, November 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 one recently recruited staff member. This evidenced that the staff member received an induction lasting at least three days which included relevant mandatory training and shadowing with experienced staff. The inspector noted that the induction programme was ongoing and had yet to be signed. The inspector advised that the induction template record should be reviewed to ensure staff signature is obtained to confirm completion of each stage of the induction process as it is completed. The registered manager agreed to action this in consultation with the senior management.

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. This training was also made available to long term staff members as appropriate.

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 gaps were noted with respect to a small number of staff. The registered manager reported that this was due mostly to staff leave. Assurances were provided to the inspector that arrangements are in place for the remaining staff to receive the training updates as required by mid-January 2019. The staff members spoken on the day of inspection both reflected positively on the quality and level of training they receive to assist them to undertake their roles and responsibilities. Comments included:

- "The training we receive is very good; it keeps you updated on the latest advice."
- "Training is very beneficial, I recently identified a training need to help me support a service user and it was provided within two weeks."

In addition to formal training sessions, a bi- annually 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, carbon monoxide safety information, how to raise a concern, learning alerts with respect to the use of equipment in service users home and the introduction of the General Data Protection Regulation (GDPR).

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 spoken with on the day of inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and an open door policy for discussions with the management team. A review of a sample of records evidenced that staff received an annual supervision, an annual appraisal and an annual visit to monitor care practices. A review of a sample of records viewed by the inspector recorded no concerns regarding staff practice during spot check and monitoring visits.

A review of a sample of rotas evidenced that they were effectively organised with individual times being allocated to service users. Discussion with the staff raised no concerns in regards to having appropriate time to undertake their duties as per individual service user care plans.

Discussion with the registered manager confirmed that there had been one adult safeguarding referral made since the last care inspection and one ongoing investigation. The registered manager demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining factual records. Discussion with the registered manager and staff 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 updated two yearly.

The agency's whistleblowing policy was reviewed and found to be satisfactory. The staff spoken with accurately described how to escalate any concerns regarding the wellbeing of a service user or the practice of a colleague. Comments included:

- "We know to report any issues through to the office."
- "We always report any concerns or safety issues for service user or staff to the office."

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 or back care. 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. A review of a sample of incidents evidenced that they had been followed up and appropriate action taken.

Staff confirmed that the agency has an out of hours service, with one staff member commenting "we have access to out of hours support which is very good." The inspector evidenced a sample of out of hours contact records that had been forwarded to the relevant home care officer to review and ensure necessary follow up action is undertaken as appropriate. This process is overseen by the registered manager who also receives a copy of all out of hours contacts.

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 agency. It was noted that care is usually provided by a consistent team; however service users are usually introduced to, or advised of the name of, new carers by a regular carer if necessary.

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 carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Looked after really well."
- "Wouldn't want to lose them."
- "Very happy with the care."

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.

	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 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 laid out in the agency's Statement of Purpose 2018.

The UCO was informed by the service users and relatives consulted with that they had no concerns regarding timekeeping, rushed care or missed calls. Care is usually provided by a consistent team; however service users are usually introduced to, or advised of the name of, new carers by a regular carer if necessary. The agency, as much as possible, is flexible to suit the needs of the service users and their relatives.

No issues regarding communication between the service users, relatives and staff from the agency were raised with the UCO. The service users and relatives advised that home visits have taken place to obtain their views on the service. Some of the service users and relatives consulted with 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 to the UCO are listed below:

- "Happy with the service."
- "No complaints at all."
- "Would give them an A+."

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 NHSCOT 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. 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 change in commissioned care occurred, they lacked sufficient information. 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.

It was positive to note that the care records sampled included a signed service user agreement. In addition contact records were maintained in service user 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 time of such contacts should be documented in order to provide a contemporaneous and accurate time line. The registered manager agreed to address this.

The agency maintain 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 records during inspection and noted that the majority of records were completed fully. However a small number of daily recording sheets had no record of the end time of a call,

included abbreviations or had no record of care provided. There was evidence that the agency were endeavouring to improve the recording skills of staff. This was discussed with the registered manager who confirmed this had been addressed with the relevant staff and staff were continually reminded to fully complete the recording sheets. There was evidence this was also addressed within staff meeting minutes. This will be reviewed at future inspections.

Discussions with the registered manager provided assurances that systems were in place to review 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, their relatives and other key stakeholders. The sample of care review records examined evidenced positive feedback regarding the quality of care provided, a sample of comments made are noted below:

- "Staff are great."
- "The girls are a blessing couldn't manage without them."
- "The girls are fantastic they couldn't do enough for me."

The registered manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services and this was evident during review of agency records. This included involvement in service user care reviews undertaken by the NHSCT named keyworkers, service user monitoring visits or telephone calls and an annual quality assurance/satisfaction survey.

Within the records viewed, examples were found which demonstrated effective and timely liaison with the multi-disciplinary team in order to address changes in service users' needs. Discussion with the registered manager described effective communication systems in use between the agency's staff and the multi-disciplinary staff team. In addition the registered manager highlighted that ongoing communication with service users, their relatives and agency staff is integral to the service ensuring that they are providing safe, effective and compassionate care to service users. The registered manager advised that home care workers are fully aware of the need to report any issues directly to the home care officers or registered manager for advice, guidance and action. Discussions with staff indicated that they had open lines of communication with office staff and were confident of a timely and effective response. Home care staff commented:

- "You can ask the home care officers about anything, if they are unsure they will always check and get back to you."
- "100 percent no problem getting support from office staff."
- "Home care officers give you a full update on service users' needs and care plan before a new care package starts."
- "There are good lines of communication with office staff."
- "We have access to out of hours support which is very good."

The registered manager advised that monthly meetings are typically held with home care officers, a review of areas discussed included: risk management; review of training for home care staff and identification of any additional training needs and learning from safety alerts disseminated by the NHSCT. Team meetings are then held across a number of dates by the home care officers with different home care staff groups. A review of minutes of a meeting held in April 2018 evidenced a quality improvement focus with discussion regarding: skin care; roles and responsibilities to ensure compliance with NISCC registration and sharing of learning from trust wide safety alerts. The registered manager agreed to ensure that future minutes include a

record of any actions agreed/planned including who is responsible for actions and within what timeframe. The registered manager agreed to action this.

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.

	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.

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 highlights the significance placed by the agency on ensuring service users are treated with dignity and respect. One staff member commented: "You always remember that you are in their (service user's) home, you show respect and ensure consent is given for anything you do."

The 2017/2018 annual quality/satisfaction questionnaires sent to service users included the question "Do you find the homecare staff are caring and compassionate towards you.?" It was positive to note that there was a high level of satisfaction expressed by the respondents.

A review of a sample of service user care reviews 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. Focus was also given to 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. In addition the agency can access the NHSCOT interpreting services if required.

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

The UCO confirmed that the views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by the agency. Those consulted were also aware of whom they should contact if they have any concerns regarding the service.

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

- “Had the same carer for years, xxxx is like part of the family.”
- “Very pleased. They’re very good girls.”
- “Very professional and courteous.”

Areas of good practice

There were examples of good practice identified 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
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 agency had systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Sandra Kane, a team of home care officers staff and home care workers provide domiciliary care and support to people living in their own homes. The registered manager and staff spoken with on the day of inspection could clearly describe staff roles and responsibilities and the process for obtaining support from senior management if required. The agency’s organisational and management structure that identifies the lines of accountability and specific roles was noted to be available within the agency’s Statement of Purpose.

It was identified that the agency’s quality monitoring process, which included engagement with: service users and/or their relatives in conjunction with the NHSCT multidisciplinary team; monthly quality monitoring reports; compliments and complaints process; care review meetings; monitoring calls and staff monitoring arrangements, assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Discussions with the registered manager confirmed that they had a good understanding of their role and responsibilities under the legislation. No concerns regarding the management of the agency were raised during the UCO’s discussions with service users and their relatives. Staff consulted with described the management team in positive terms and were confident that management would respond to any concern raised by them appropriately.

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 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. One staff member confirmed that they have access to policies and procedures relevant to their role as required, commenting: "update information is sent out as part of our newsletter and in team meetings and if we needed anything specific would ask the home care officer to provide a copy."

There was a procedure in place to ensure that any complaints received would be managed in accordance with legislation, standards and the agency's own policies and procedures. 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 Commissioner for Complaints were included. The agency maintained a record of complaints and actions taken, which was audited on a monthly basis as part of the monthly quality monitoring visit. The inspector reviewed a number of complaints which had been received since the last care inspection. The registered manager confirmed that they knew how to receive and deal with complaints and complaints were escalated to the NHSCCT complaints department as necessary.

The inspector confirmed that monthly quality monitoring visit reports were available for review since the last care inspection with the exception of September 2018 and October 2018 which were forwarded to RQIA following the inspection. The reports were completed by the area manager who has a working knowledge of the service. Samples of records viewed for August 2018, September 2018 and October 2018 noted positive feedback from consultation with service users, their relatives, staff and NHSCCT 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 a unique identifier should be used to reference complaints within the reports. In addition action plans should identify who is responsible and within specified time frames and carried over for review the following month to ensure they have been addressed or monitor adherence to timescales set. The report should also document whether the visit to the agency is announced or unannounced.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body. Discussions with the registered manager and review of records provided assurances that all staff were registered with NISCC. The agency has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The inspector was advised that staff had received information with regards to the General Data Protection Regulation (GDPR) to help them understand and be aware of recent legislative changes and how they relate to their role. In addition a leaflet has been provided to service users providing guidance on the processing of personal information by the NHSCCT.

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 appropriate support.

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
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 Sandra Kane, 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

Area for improvement 1

Ref: Standard 3.3

Stated: First time

To be completed by:
22 January 2018

The registered manager ensures that the care plan includes information on:

- the care and services to be provided to the service user
- directions for the use of any equipment
- the administration or assistance with medication
- how specific needs and preferences are to be met
- the management of identified risks

Ref: 6.5

Response by registered person detailing the actions taken:

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.

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.

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



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