

Unannounced Care Inspection Report 4 July 2019



Ballymena Community Services

Type of Service: Domiciliary Care Agency

**Address: Ballymena Health and Care Centre, 86 Cushendall Road,
Ballymena, BT43 6HB**

Tel No: 02825635567

Inspector: Marie McCann

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

Ballymena Community Services is a domiciliary care agency with a staff of 108 care workers who provide a range of personal care services, meal provision and sitting services to 339 services users living in their own homes. Service users have a range of needs including dementia, learning disability, physical disability, mental health and needs related to aging.

The service is operated by the Northern Health and Social Care Trust (NHSCT).

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Dr Anthony Baxter Stevens	Registered Manager: Mrs Margaret Alexandra (Sandra) Kane – Acting, application not required
Person in charge at the time of inspection: Mrs Margaret Alexandra (Sandra) Kane	Date manager registered: 24 May 2019

4.0 Inspection summary

An unannounced inspection took place on 4 July 2019 from 09.00 to 17.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge of adult safeguarding, risk management and communication between service users and agency staff and other key stakeholders. Further areas of good practice were found in regard to the provision of compassionate care, the involvement of service users and maintaining good working relationships with staff. All those consulted expressed confidence that management would address any concerns raised by them.

Two areas for improvement were stated for a second time in regard to induction processes and care plans. New areas for improvement were also identified in regard to service user reviews; staff monitoring visits, analysis of complaints, staff supervision and appraisal; and monthly quality monitoring reports.

Service users' comments are reflected throughout the report.

There was evidence identified throughout the inspection process that the agency promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, confidentiality and service user involvement.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	7*

*The total number of areas for improvement includes two areas for improvement stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with the manager, a locality manager and the individual who will be coming forward to make application for 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 17 August 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 August 2018. The completed QIP was returned and approved by the care inspector.

5.0 How we inspect

Prior to the inspection the inspector reviewed the following information:

- unannounced care inspection report and QIP dated 17 August 2018
- incident notifications that had been reported to RQIA since the last care inspection
- information and correspondence received with regards to the agency since the last inspection

During the inspection the inspector met with the acting manager, the individual who will be making application for registered manager and a locality manager. The inspector also spoke with three care workers, two service users and a service user's relative via telephone on the day of inspection.

A range of documents relating to the agency were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. In addition, the responsible person advised that the agency would ensure the poster is shared with all staff. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. One response was received in time for inclusion in this report and the respondent identified that they were very satisfied that the service was providing safe, effective, compassionate and well led care.

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 17 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 16(1)(b)(i) Stated: First time	<p>The registered person shall ensure that where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(b) appropriate information and advice are provided to persons employed for the purposes of the agency, and are made available to them at their request, in respect of—</p> <p>(i) service users and their needs in respect of prescribed services;</p> <p>This relates specifically to ensuring that care staff receive sufficient information regarding service users' individually assessed care needs prior to being involved in the delivery of care.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and three care workers confirmed that there are appropriate arrangements in place for care workers to receive the necessary information regarding the care needs of individual service users prior to being involved in the delivery of their care.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This relates to, but is not limited to: ensuring service user care records are kept in a secure manner.</p> <p>Action taken as confirmed during the inspection:</p> <p>The agency's returned QIP response following the last inspection confirmed that appropriate actions had been taken to ensure compliance. This included an investigation which was completed on 21 September 2018 and established that there were no widespread concerns regarding management of service users' information. In addition, all staff received guidance on the use of mobile phones and the social media policy.</p>	Met
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of three recently recruited care worker's induction records provided insufficient evidence to confirm compliance with this area for improvement. This will be discussed further in section 6.3.</p> <p>This area for improvement has been partially</p>	Partially met

	met and has been restated for a second time.	
Area for improvement 2 Ref: Standard 12.3 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of the agency's training matrix evidenced that there is a system in place to monitor the training needs of staff and make necessary arrangements to ensure staff training is achieved. This will be discussed further in section 6.3.	
Area for improvement 3 Ref: Standard 3.3 Stated: First time	The registered manager ensures that the care plan includes information on: <ul style="list-style-type: none"> 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. 	Not met
	Action taken as confirmed during the inspection: Discussion with the manager and review of three service users' care records established that this area for improvement has not been met. This will be discussed further in section 6.4. This area for improvement has not been met and is restated for a second time.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

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

The manager confirmed that staff employment records were held within the NHSCT human resources department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures.

A review of three recently recruited staff induction records confirmed that staff received an induction in excess of the three day timescale as required within the domiciliary care agencies regulations. This consisted of a departmental induction which includes review of policies and procedures in regard to safeguarding, complaints management, confidentiality, accident and incident reporting and responding to emergency situations. In addition, staff complete a number of shifts where they shadow more experienced staff employed by the agency. It was positive to note that the agency have included provision of the Northern Ireland Social Care Council (NISCC) induction workbook for staff as part of the induction checklist; however, there was no evidence that this had been provided to one of the recently recruited care workers. Also, a review of induction records of two care workers provided insufficient evidence that they had completed manual handling training prior to completing their first unsupervised shift. It was confirmed that they subsequently completed this training. The importance of staff being appropriately trained to provide safe and effective care to service users was discussed following the inspection with the agency's locality manager. Assurances were provided to RQIA that the induction of all new staff would be closely monitored as part of the home care officer monthly accountability report and the agency's monthly quality monitoring reports. Monthly quality monitoring reports are discussed further in section 6.6 and have been requested for submission to RQIA for ongoing review. An area for improvement was stated for a second time.

The agency's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. Staff are required to complete mandatory training in a range of areas and in addition, training specific to the individual needs of service users. It was noted that training provided is a combination of classroom based and E-learning. The manager had recently sourced additional safeguarding training dates from the NHSCT training team to ensure that all staff received necessary classroom updates. In addition, the manager is in the process of sourcing additional manual handling and infection prevention and control update classroom training.

Additional training is also provided for new care staff via a five day homecare workers' development programme, which is held a number of times a year. This training programme includes training in areas such as: dysphagia, consent and capacity, tissue viability, bone health and preventing falls, understanding behaviours that challenge, palliative care and managing service users' money. More experienced care workers can also access components of this training if identified as part of their individual training needs.

Staff feedback regarding the agency's training was positive; they confirmed that the training they received was beneficial and it equipped them with the required knowledge and skills to fulfil their role. Management also confirmed that staff receive a training manual in regard to Equality, Good Relations and Human Rights. Discussions with staff confirmed that they were knowledgeable regarding service users' human rights and their role in ensuring their human rights are upheld.

No adult safeguarding referrals had been made since the last inspection. Discussion with the staff and the manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. This reflected staff awareness of their safeguarding roles and responsibilities and how they are supported to

report concerns through existing management arrangements. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. The inspector advised the manager to liaise with NHSCCT senior management regarding the arrangements for the adult safeguarding position report which is due to be completed by 31 March 2020.

Discussion with staff, service users and a relative on the day of inspection highlighted no concerns in regard to staff having appropriate time to undertake their duties in accordance with individual service user's care plans. Staff confirmed that they felt care was safe and service users' rights were promoted. They reported that they were given all relevant information to ensure that they could meet the needs of service users.

The agency's governance arrangements in place for identifying, managing and where possible, eliminating unnecessary risk to service users' health, welfare and safety was assessed during the inspection. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, locality manager and the NHSCCT governance department. Discussion with the manager and review of sample of records since the last inspection evidenced that there is a robust and transparent system for recording and reporting any incidents and accidents in a timely manner, which included missed calls.

Although the incident reports detailed that immediate actions had been taken as required, it was noted that the subsequent follow up actions which were taken to prevent reoccurrence were not consistently reflected in several records. The manager agreed to ensure that the relevant incident reports were updated retrospectively with this additional information.

Staff spoken with on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk, and the importance of reporting any issues to the management team in a timely manner. In addition, service users and one relative who spoke to the inspector could describe what they would do if they had any concerns in relation to the care they received. This evidenced that service users have access to clear and fair processes to have their views heard and resolve any concerns or complaints in keeping with their human rights.

Discussion with service users, a relative and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "My hat goes off to them, they (care staff) do a great job."
- "I can't speak highly enough of them."
- "They would help me with anything, they (care staff) are so kind."

Relative's comments:

- "They (home care officer) phoned to tell me some new faces were coming as usual staff going on holiday, xxxx is very good that way."

Staff comments:

- "The training is really good."
- "Never had a job where I have had so much training, it's really good."

- “The re-ablement course was really helpful; it gave me the confidence to encourage service users to be as independent as possible.”
- “We are given all the information we need to care and support the service users.”
- “I have absolutely no concerns at all about the job or the service provided.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of adult safeguarding and risk management.

Areas for improvement

One area for improvement in regard to induction processes was restated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection.

The inspector reviewed three service users' care records; they were noted to be maintained in an organised manner and stored securely. The referral information received from the relevant HSCT representative included risk assessments and care plans. The care plans viewed did contain a description of the required care tasks; however, they lacked sufficient information in regard to how specific needs and preferences are to be met and in relation to the management of specific risks. Staff spoken with advised that they received the necessary information to meet the needs of individual service users following discussion with the Home care officer who provides details regarding service users' specific needs, such as dementia, communication needs, use of bed rails. However, this information is not typically recorded on individual care plans. An area for improvement has been restated for a second time.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. In addition, staff could describe how they observe service users, noting any change in dependency, ability or wellbeing and quickly taking appropriate measures to promote/ensure the safety and wellbeing of the service user. This was verified in a review of a service user's records which evidenced that additional multi-disciplinary assessments had been requested as a result of identification of change in need by care workers, which resulted in better outcomes for the service user.

It was positive to note agency staff requesting and receiving assessments for the use of bed rails, as applicable for service users. The manager and staff demonstrated knowledge and understanding that the use of any such restrictive interventions requires referral to the multi-disciplinary team to ensure that any restriction is appropriately minimised, assessed in partnership with all relevant parties, documented and reviewed as required. The inspector has

suggested that the agency review template is updated to clearly reference any relevant restrictive practices in place and the potential impact on the service user's human rights to ensure that such interventions remain under review. The manager agreed to address this.

Discussions with staff demonstrated their awareness of the need for person centred interventions which promoted service user autonomy and independence. Service users confirmed that staff were knowledgeable regarding their individual needs and this was achieved through the provision of a consistent staff team.

The inspector noted that individual service users' task sheets from the service users' homes were routinely collected. A review of a sample of records verified that audits were being undertaken by home care officers, with actions identified, if required. The sample of audits reviewed on the day of inspection highlighted no areas for action.

In relation to the records selected for inspection, the care reviews were noted to have been conducted annually in partnership with service users and/or their relatives and on occasions the community keyworkers. The records viewed evidenced positive feedback from service users and their representatives with regard to the quality of services. The inspector advised that if a service user is unable or chooses not to sign the review document, this should be recorded and the reason provided. The manager agreed to ensure the template was amended to reflect this. However, a review of the agency matrix maintained to monitor compliance that service users receive an annual review, highlighted that a number of service users' annual reviews were outstanding. The importance of ensuring that annual review visits are carried out with service users in a timely manner was stressed. An area for improvement has been made in this regard.

No concerns were raised during the inspection with regard to communication between service users, staff and other key stakeholders. Staff stated that there was effective communication with each other and the management team to ensure that safe and effective care was provided to the service users. Staff confirmed they have effective access to management support and advice including provision of out of hours support. The inspector noted that a contact record was maintained to record all communications made and received in regard to a service user. The inspector stressed the importance of staff recording the time of such communications as it was noted that this was not recorded consistently within the records viewed.

Discussion with service users, a relative and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users' comments:

- "They always check if everything they are doing is okay and you are happy with it."

Relative's comments:

- "They (care staff) accommodate us by changing time if we need to go to hospital appointment".
- "Had a problem... and had to raise concerns, I was very happy with how the complaint was dealt with."

Staff comments:

- “New care packages or changes, xxxx (home care officer) would ring and provide a good verbal handover and then you have the care file.”
- “I am very happy, the home care officers are on the ball, and over the years I have worked with all of them.”
- “I have had to ring out of hours a few times and they have been spot on with their advice and always came back to me quickly.”
- “Line managers are well aware of any changes in service users’ needs and they keep us well informed.”

Areas of good practice

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

Areas for improvement

One area for improvement in regard to care plans was stated for a second time. A new area for improvement was identified in regard to annual service users’ reviews.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. They confirmed that they felt their views and opinions were listened to and taken into account by care staff. This approach to communication supports the protection and promotion of individualised and person centred care for service users. It contributes to service users feeling valued and respected.

Staff who spoke to the inspector acknowledged the importance of obtaining consent for all care interventions, they described how service users can make choices about the care and support they receive and stated that service users can refuse any aspect of their care and that this is respected. They also discussed the risks that this may present and the process for raising concerns with their line manager in relation to any identified risks.

The inspector reviewed the agency’s governance arrangements for quality assuring the care provided to service users. The manager informed the inspector that the staff monitoring visits undertaken to review staff care practices are required to be undertaken annually or more frequently if there are any concerns. A review of a sample of these records, evidenced that

service users are also involved in this monitoring process and their signature is obtained to confirm consultation. It was positive to note that in addition to the monitoring visit reviewing adherence to service users' care plans and any relevant risk assessments, consideration is also given to care workers' ability to encourage participation of service users, maintain service user dignity and treat the service user with respect. However, a review of the agency matrix which reflects compliance with the annual monitoring visit identified that a number of staff were overdue such a visit. The importance of ensuring that the monitoring of staff care practices is carried out in a timely manner was highlighted. An area for improvement has been made in this regard.

The inspector discussed arrangements in place relating to the equity 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 in a safe and effective manner. The manager could describe how staff development and training equips staff to engage with a diverse range of service users.

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

- effective communication
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner

The agency collects service users' equality data via their referral and care planning processes. This information includes: age, gender, disability, marital status. This information is used effectively and with individual service user involvement to provide person centred care.

Discussion with service users, a relative and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "They are respectful of me and my house."
- "Couldn't get better girls, every single one of them."
- "They are all so kind."
- "Not one complaint."
- "Never met nicer girls."

Relative's comments:

- "It was xxxx birthday yesterday and they sang happy birthday to him."
- "The staff are great they share a laugh and joke with xxxx."
- "Very very happy with the care."

Staff comments:

- "I love the job, its brilliant, getting out to meet people. You get real satisfaction being able to help people."
- "Every day we ensure service users are respected and treated with dignity."

- “Promoting (service user) independence is so important, it may take longer but it’s worth it.”
- “I love it.”
- “Upholding their (service users) human rights are so important.”

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

One area for improvement was identified in relation to the timely completion of staff monitoring visits.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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 inspection assessed the agency’s arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The agency is currently managed on a day to day basis by the acting manager, with the support of a locality manager, a team of home care officers and care workers. The acting manager arrangements have been in place within the agency since 24 May 2019, while a new manager was recruited. A new manager has now been recruited and is in the process of making an application to RQIA to be registered as the manager.

There was a clear organisational structure and the registration certificate was up to date and displayed appropriately.

Discussions with staff on the day of inspection described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management. Staff demonstrated that they had knowledge of their role, function and responsibilities and they had no concerns regarding the practice of any of their colleagues or the care provided to service users. The staff spoken with advised they experienced job satisfaction.

The manager confirmed that the agency maintains and implements a complaints policy. The manager spoke confidently of action that would be taken to investigate a complaint and effective liaison with the complainant. The manager advised that the agency maintained a monthly audit of complaints which records action plans and shared learning. However, the complaints monthly audit did not correlate with the record of complaints reviewed as part of the monthly quality monitoring visit completed by the locality manager. The need to ensure that the monthly

analysis is completed in a comprehensive and effective manner to allow for meaningful analysis and learning from complaints to improve quality of services was highlighted. An area for improvement in this regard is made.

It was good to note a high level of compliments received by the agency from service users and their relatives regarding the quality of care provided.

The manager and staff confirmed that there are a range of policies and procedures in place to guide and inform staff. Staff confirmed that they are easily accessible via the staff handbook or through the home care officers. They advised that they felt able to raise issues with their manager, and that a learning culture was promoted and best practice shared, with the aim of promoting the best outcomes for service users. Staff confirmed that they had access to regular team meetings with their home care officer. A sample of minutes of team meetings evidenced sharing of information in regard to fire safety, opportunity for staff to access dementia training and innovation and quality improvement level one training.

The inspector discussed the development of the NISCC website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for use within team meetings. The manager advised that they would review this resource and share with the staff team.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Four reports were reviewed from February 2019 to May 2019, which evidenced a review of the conduct of the agency and consultation with service users and other stakeholders. The inspector advised that consultation or file audits in respect of specific service users and staff should be referenced using a unique identifier. It was also noted that the relevant quality improvement plan from the previous inspection was not referenced in the reports, therefore there was no meaningful or effective monitoring of progress or compliance with areas for improvement identified. In addition, action plans which resulted from the monthly quality monitoring visits were not consistently reviewed at subsequent visits to confirm they had been actioned/achieved, so as to drive improvement. The inspector stressed that action plans should identify who is responsible for addressing actions and within what timeframes. This will enable actions and outcomes to be more clearly reviewed at subsequent monitoring visits. The agency is required to forward a copy of the monthly quality monitoring visit report to RQIA until further notice. An area for improvement was made in this regard.

During the inspection, a review of staff supervision and appraisal dates highlighted that this support to staff was overdue for several staff members and was not in compliance with the agency's policy and procedure. Two areas for improvement were made in this regard.

Discussion with service users, a relative and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "I have had no complaints to date and I would have no hesitation ringing xxxx (home care officer) if I needed to....I know xxxx would take no nonsense."

Relative's comments:

- "Xxxx (home care officer) is brilliant; I would recommend them (care staff)."

Staff comments:

- “We have access to out of hours support for advice if we need it, no problems at all.”
- “Rota’s are organised and we know exactly what we are doing.”
- “We have monthly team meetings and are updated with any new information and policies and procedures.”
- “Xxxx (home care officer) is a fantastic manager; she will help you any time.”
- “I couldn’t praise my manager (home care officer) enough.”
- “The line managers (home care officers) are very good.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships with staff.

Areas for improvement

Four areas for improvement were identified in regard to the agency’s monthly quality monitoring reports, staff supervision and appraisal and recording of complaints.

	Regulations	Standards
Total number of areas for improvement	1	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the manager, a locality manager and the individual who will be coming forward to make application for the 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 Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 23 (1) (2)(a)(b)(c) (3) (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Area Manager in consultation with the Registered Manager completes monthly quality monitoring.</p> <p>The Area Manager will improve monitoring by reviewing all compliants formal/informal and incidents reported in the relevant month. These elements will be included in the action plans. The actions will be time specific, and allocated to specific individuals for completion. This will be recorded on the monthly report. In addition, actions which resulted from the monitoring visit will be consistently reviewed at subsequent visits to confirm they have been completed to ensure continuos driving of improvments.</p> <p>The Area Manager will submit as requested copies of the Quality Monitoring Report to RQIA monthly, first report forwarded on 5th August 2019.</p>
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Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 12.1 Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.</p> <p>Ref: 6.1 and 6.3</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager will ensure a new staff member is allocated to a named Home Care Officer (HCO). The HCO will adhere to the current Home Care Service and NHSCT induction processes to ensure the new recruit is competent to carry out their duties.</p> <p>The Registered Manager currently carries out individual HCO monthly accountability meeting's. This has now been further developed to include a section which will check the HCO has adhered to the induction procedures. Once the induction is completed, the Area Manager will check and sign off. Any issues identified will be appropriately addressed with the Individual manager, under trust procedures,</p>
Area for improvement 2 Ref: Standard 3.3 Stated: Second time To be completed by: 29 August 2019	<p>The registered manager ensures that the care plan includes information on:</p> <ul style="list-style-type: none"> • 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; and • the management of identified risks <p>Ref: 6.1 and 6.4</p>
	<p>Response by registered person detailing the actions taken: The current careplans provided by Social work to the agency lack sufficient information in regard to how specific needs and preferences are to be met. This issue has been raised through the Professional Social Work Forum to commence work on improving the detail contained within the careplan for each service user, to ensure home care workers providing the care have sufficient information relating to the specific service user needs.</p> <p>The Head of Service has reminded the Registered Managers' that no service should be commenced unless Home Care are in receipt of detailed patient careplans, clear and concise medication permission forms, relevant risk assessments and guidance on the use of any equipment in use.</p>

	<p>The Registered Manager has reminded each HCO they must pursue diligently with named workers for receipt of these essential care plans and risk assessments. Should care plans and guidance for equipment and risk assessments not be forthcoming this will be escalated to Assistant Director for action.</p> <p>Audit of service user files during monthly monitoring will continue as an element of quality assurance.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2019</p>	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>This relates to the agency ensuring that annual reviews are undertaken with service users.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager will continue to monitor performance of HCO's completing service user reviews. An action plan is in place to complete all outstanding reviews by the end of September 2019. The Head of Service will continue to monitor performance at monthly performance assurance meeting, to ensure maintenance of this standard. If required, resources will be identified to facilitate compliance with this standard in agreement with Director of Service.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 16.3</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2019</p>	<p>The registered person shall promote safe and healthy working practices through the provision of information, training, supervision and monitoring of staff.</p> <p>This relates to ensuring that staff work practices are monitored as outlined in the agency's policy to ensure safe, effective and compassionate care is being delivered to service users.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager is aware through live supervision and individual accountability meetings with HCOs the current number of outstanding onsite supervisions.</p> <p>Priority has been given to this works completion with an agreed deadline for end of September 2019. Progress will be monitored by the Registered manager and Area manager through monthly accountability.</p> <p>The Head of Service will continue to monitor performance at monthly performance assurance meeting, to ensure maintenance of this standard. If required, resources will be identified to facilitate</p>

	compliance with this standard in agreement with Director of Service.
Area for improvement 5 Ref: Standard 13.3 Stated: First time To be completed by: 29 August 2019	<p>The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the agency's policy and procedures.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Registered Manager has raised this through individual supervision with HCOs and agreed a monthly work plan for completion. The Registered Manager will review at monthly accountability meetings. A review of office systems and processes for recording and filing of same has been agreed with HCOs, AHCOs and office admin.</p>
Area for improvement 6 Ref: Standard 13.5 Stated: First time To be completed by: 29 August 2019	<p>The registered person shall ensure staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Registered Manager is aware through individual supervision and accountability with each HCO where they have not met this standard in a timely manner, assurance has been sought for all outstanding appraisals to be completed by end of September. A further Governance measure is the review of monthly outstanding appraisals from Informatics department by Registered Manager and assurance is sought by Head of Service.</p>
Area for improvement 7 Ref: Standard 15.16 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that information from complaints is used to improve the quality of services.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Trust manages all formal complaints through the Complaints department in line with the Trust Complaints procedure.</p> <p>The Area manager will record in monthly Quality monitoring a brief of any informal or formal complaint received and note outcome reached.</p> <p>The Area Manager in consultation with the Registered Manager will ensure any learning and action from complaints received will be shared with the team and if appropriate action/ learning across directorate will follow.</p> <p>To ensure driving of improvements actions plans agreed during</p>

	<p>monitoring visits will be consistently reviewed at the subsequent visits to confirm they have been completed.</p> <p>.</p>
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