

Unannounced Care Inspection Report 8 September 2020



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: Corrie Visser

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 provider 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 102 care workers who provide a range of personal care services, meal provision and sitting services to 253 service users living in their own homes. Service users have a range of needs including dementia, learning disability, physical disability, mental health and needs relating to aging. The service is commissioned by the Northern Health and Social Care Trust (NHSCT).

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Ms Jennifer Welsh	Registered Manager: Mrs Elizabeth McErlean – acting, application not required
Person in charge at the time of inspection: Mrs Elizabeth McErlean	Date manager registered: Not applicable

4.0 Inspection summary

An unannounced inspection took place on 8 September 2020 from 09.30 to 14.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the inspection on 20 December 2018 RQIA have not completed a primary inspection. In response to this, RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site inspection approach in line with social distanced guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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.

No new areas for improvement were identified however two areas for improvement from the previous inspection have been stated for the second time.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), monthly quality monitoring reports, management of complaints, care plans and reviews and staff induction. Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

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	2*

* Two areas for improvement are stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Elizabeth McErlean, 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 4 July 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 July 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided for the service users and those who visit them to give them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of this report.

A poster was provided for care workers detailing how they could complete an electronic questionnaire. No responses were received prior to issuing this report.

Ten questionnaires were also provided for distribution to the service users and their representatives. Two responses were received; analysis and comments are included within this report.

Following the inspection we communicated with two service users, three staff, three service users’ relative and one professional.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

We would like to thank the registered manager, service users, service user’s relatives and staff for their support and co-operation throughout the inspection process.

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

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 4 July 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23 (1) (2)(a)(b)(c) (3) (4) Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A sample of the monthly quality monitoring reports were reviewed which included April, May, June and July 2020. These reports were robust and analysed all aspects of the quality of care. The reports included feedback from service users, relatives and stakeholders. Any</p>	

	issues identified were followed up and included in an action plan, along with the QIP identified by RQIA.	
Action required to ensure compliance with the Domiciliary Care Minimum Standards 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.1 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Four newly recruited staff files were reviewed and it was evident that they had completed a structured induction which included the NISCC Induction Standards.	
Area for improvement 2 Ref: Standard 3.3 Stated: Second 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; and the management of identified risks 	Met
	Action taken as confirmed during the inspection: Four service users' files were reviewed and the care plans for each individual were robust and details. It was clear what package of care was being provided to the service users. They included all risk assessments to ensure the safety of the service users and instructions if any equipment was to be used.	
Area for improvement 3 Ref: Standard 8.12 Stated: First time	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. This relates to the agency ensuring that annual reviews are undertaken with service users.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Four service users' care plans were reviewed and it was noted that these were updated, along with their risk assessments on a yearly basis. It was noted that some care plan reviews were put on hold due to Covid-19 however they are endeavouring to ensure that every overdue review was undertaken in a timely way. It was positive to note that some reviews did take place during the Covid-19 pandemic via teleconference calls.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 16.3</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>The monitoring matrix was reviewed during inspection. It was noted that spot checks and staff monitoring were stood down at the end of March 2020 due to Covid-19 however recommenced at the beginning of August 2020 once shielding had finished. It was noted that two care workers had had spot checks and no further checks had been carried out on staff. This will be stated for the second time.</p>	<p>Not met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the agency's policy and procedures.</p> <p>Action taken as confirmed during the inspection:</p> <p>Supervision with staff is carried out via one to one supervision, spot checks, group supervision and personal development plans (PDP). The supervision matrix was reviewed and it was noted that there were 57 outstanding supervisions for staff. This will be stated for the second time.</p>	<p>Not met</p>

Area for improvement 6 Ref: Standard 13.5 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: During the inspection, there were four staff members with outstanding appraisals. The manager gave assurances that these would be undertaken as a matter of urgency and provided documents following the inspection to confirm completion.	
Area for improvement 7 Ref: Standard 15.16 Stated: First time	The registered person shall ensure that information from complaints is used to improve the quality of services.	Met
	Action taken as confirmed during the inspection: Every complaint is fully investigated and all documentation retained. Responses are provided to the complainant and a note if they are satisfied with the outcome. Complaints are reviewed in the monthly quality monitoring reports and patterns/trends are identified and followed up when required.	

6.1 Inspection findings

Recruitment records:

The service's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussions with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards 2011 which relate to Access NI. The manager provided us with confirmation emails from HR advising that all the pre-employment checks had been completed and a commencement date could be provided.

The NISCC matrix was reviewed and it confirmed that all staff are currently registered with NISCC. The manager advised that a reminder is sent to staff who are due to renew their registration two months before it expires. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

Staff Supervision and Appraisals:

Supervision with staff is carried out via one to one supervision, spot checks, group supervision and PDP. The supervision matrix was reviewed and it was noted that there were 57

outstanding supervisions for staff. An area for improvement will be stated for the second time in this regard. It was also noted that spot checks on staff were outstanding and two spot checks had been undertaken. It has to be noted that spot checks were ceased at the beginning of the Covid-19 pandemic however since these were reinstated in August 2020, two have been completed. These spot checks are essential to ensure that staff are delivering safe and effective care to service users as well as to ensure they are adhering to the guidance in relation to the personal protective equipment (PPE). An area for improvement will be stated for the second time in this regard. As per the service's policy and procedure, staff appraisals should be completed on a yearly basis. On the day of inspection, it was noted that four appraisals were outstanding. It was agreed with the manager that these would be completed following the inspection and confirmation was subsequently provided to us to confirm this had occurred.

Complaints:

The complaints received by the service since the previous inspection were reviewed and it was noted that they were investigated robustly and all evidence of this was retained in the complaints folder. This included feedback to the complainant and whether the complainant was satisfied with the outcome. It was positive to note that these were reviewed in the monthly quality monitoring reports and any learning taken from the complaints was included and followed up.

Monthly Quality Monitoring Reports and Annual Quality Report:

We reviewed a sample of these reports and found them to be comprehensive and robust. Any actions which were identified in the previous report were actioned by the following month. There were good consultations with service users, relatives and stakeholders and some comments included:

- "xxxx spoke in positive terms regarding the various staff."
- "Staff are compassionate and respectful."

Comments from service users I reviewed in the annual quality report included:

- "The quality of the service is first class."
- "Could not get better."
- "In the time they have, they are very good."

Comments from service users' relatives included:

- "The girls go over and above and treat my aunt with dignity and respect."
- "I could not be more happy with the care my mother receives."

Comments from professionals included:

- "My team always reports that Homecare are always keen to get involved in joint reviews and joint meetings. Joint partnership working always provides a better quality service to the service user."

Comments from service users included:

- "I am very happy."
- "The girls are very friendly and respectful."
- "I have good friendships with my carers."

Comments from service users' relatives included:

- "Everything is fine."
- "The girls are all very good."
- "It's always the same faces."
- "I have never had any problems."
- "The carers are all very good and very attentive."
- "xxxx is comfortable with the carers."
- "No concerns at all."
- "Mum is well cared for."
- "I'm pleased with the care being given."

Comments from care workers included:

- "It has been a very stressful time but we have got through it."
- "I am dedicated to our service users and my job."
- "It is important to keep our service users, ourselves and our families safe."
- "I feel we are supported very well."
- "Our training is very good."
- "I don't rush my calls, I take my time."
- "I know my service users so well and have built a good bond with them all."
- "I enjoy my job."
- "Everything is ok and runs smoothly."
- "100% it's a good company to work for."
- "I can speak to my team leader if I have any issues."

Comments from professionals included:

- "Communication is excellent."
- "Any issues raised are fully investigated and senior manager are copied into every email about the investigation to ensure they have oversight into the progress."
- "Care is of good standard."
- "Any poor performance/quality is addressed by senior management."
- "They have managed really well during covid."
- "Missed or late calls are predictive rather than reactive and if they know there may be an issue with calls, they contact the Social Worker to see if anything can be done to ensure the care is provided to the service user."
- "Integrated working is excellent."

Two service user/relative questionnaires were received prior to the issuing of this report. Both respondents were very satisfied that the care being delivered was safe, effective, compassionate and well led.

Comments received included:

- "Lovely girls."

Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), monthly quality monitoring reports, management of complaints, care plans and reviews and staff induction.

Areas for improvement

Two areas for improvement have been stated for the second time in relation to staff supervision and the monitoring of staff practice.

	Regulations	Standards
Total number of areas for improvement	0	2

Covid-19:

We spoke to the manager and to three staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- dissemination of information to staff
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19
- used PPE storage and disposal
- staff training and guidance on IPC and the use of PPE equipment in line with guidance

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff.
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

It was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

Areas for improvement

No areas for improvement were identified 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 Mrs Elizabeth McErlean, 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 the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 16.3</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</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: 6.0 and 6.1</p> <p>Response by registered person detailing the actions taken: The registered manager through careful audit of staff files found due to no administrative support for a prolonged period of time the matrix was not kept live.</p> <p>Moving forward and with administrative staff now in post the registered manager will monitor the input of accurate data to the matrix to ensure accurate recording of Homecare officer Quality monitoring On Site supervision / Spot checks with their staff is inputted.</p> <p>Routine onsite supervisions were stood down from March 2020 - end of August 2020. During this time onsite supervisions were carried out if concerns raised</p> <p>On sites / Spot checks have again been stood down with immediate effect on 16th October again in line with current PHA and Assembly guidance. This position will be reviewed at November 13th.</p> <p>30 % of onsite supervisions have been achieved between Covid restriction periods to date this financial year. The remaining onsite supervisions will be achievable when Covid restrictions are eased and home visits by managers resume.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.3</p> <p>Stated: Second time</p> <p>To be completed by: immediately from the date of inspection</p>	<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: 6.0 and 6.1</p> <p>Response by registered person detailing the actions taken: Following inspection the registered manager has identified through close audit of staff files and HRPTS training data the accurate number of staff who have had a supervision. Currently 89% of staff have had appraisal in this financial year.</p> <p>It has been noted lack of administrative support for a prolonged period in the department revealed individual and group supervisions</p>

	<p>had not been recorded and updated on the team matrix / shared drive . Therefore the inspection findings were not a true reflection of actual activity in this area.</p> <p>Moving forward the registered manager will identify through supervision and accountability with Homecare officers the Quality monitoring data captured is accurate and live and admin support are updating the matrix to reflect this.</p>
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****Please ensure this document is completed in full and returned via Web Portal****



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