

Announced Care Inspection Report

9 March 2017



Ballymena Community Services

Type of Service: Domiciliary Care Agency

Address: 86 Cushendall Road, Ballymena, BT43 6HB

Tel No: 02825635567

Inspector: Jim McBride

User Consultation Officer (UCO): Clair McConnell

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ballymena Community Services took place on 9 March 2017 from 09.15 to 12.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of rehabilitation and support plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs and reviews.

No areas for quality improvement were identified.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Elaine Calvert, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 March 2016.

2.0 Service details

Registered organisation/registered person: NHSCT/Anthony Stevens	Registered manager: Elaine Calvert
Person in charge of the service at the time of inspection: Elaine Calvert	Date manager registered: 4 June 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report and quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Communications with the agency since the previous inspection

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- File audits
- Evaluation and feedback

On the day of inspection the inspector met with the registered manager and discussed her views regarding care and support provided by the agency, staff training and staff's general knowledge in respect of the agency.

Prior to the inspection the UCO spoke with three service users and six relatives, by telephone, on 7 and 8 December 2016, to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals

The registered manager was provided with ten questionnaires to distribute randomly to selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Nine staff questionnaires were returned to RQIA.

The following records were examined during the inspection:

- Induction policy and procedure, programme of induction and supporting templates
- Training records including:
 - Safeguarding
 - Child protection
 - Medication
 - Infection control
 - Manual handling
 - Person centred planning
 - Supervision
 - ICT security
 - Service user's monies
- Service user records regarding referral, assessment, care planning and review
- The agency's service user guide/agreement
- Service users home recording records
- Monthly quality monitoring reports

4.0 The inspection

Ballymena Community Services is a domiciliary care agency. The agency which is part of the Northern HSC Trust provides a range of services to 337 people in their own homes in the mid Antrim area. The agency provides services to: older people; those with mental health needs; those with physical and learning disabilities; and children. Service is provided by 116 staff.

4.1 Review of requirements and recommendations from the last care inspection dated 21 March 2016.

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 8 .17 Stated: Second time	The registered person, the registered manager and managers undertake training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection.	Met
	Action taken as confirmed during the inspection: Specific training in which a deficit was identified (Fire) has been sourced and all three staff attended training 24th and 25th of May 2016. Records in place during inspection were satisfactory.	

4.2 Is care safe?

The agency currently provides services to 337 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The registered manager verified all the pre-employment information and documents had been obtained as required for staff. An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Most staff are currently registering with NISCC with the remaining staff to be registered by April 2017.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Ballymena Community Services. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

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

- "Couldn't be better."
- "They're good at their job."
- "All very good."
- "Absolutely no concerns."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance with the required standards. The policy was in line the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership').

Staff training records viewed for 2015/2016 confirmed all staff had completed the required mandatory update training programme. It should be noted that the agency had developed a comprehensive training matrix that included past, present and future training events for all staff.

Records reviewed for staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes.

Safeguarding was discussed during inspection; the registered manager confirmed no matters have arisen since the previous inspection. The registered manager presented appropriate knowledge in managing matters when they arise.

A sample of eight service user files confirmed that the agency management had carried out ongoing review of services with service users/representatives. The registered manager confirmed that the agency implement an ongoing quality monitoring process as part of their review of the service, this was evident during review of service users' records.

The inspector noted some of the comments made by service users during their annual reviews:

- "I'm very happy with the team and the service."
- "The team are all very good."
- "The girls are kind and provide an excellent service."
- "Homecare workers provide a very good service."

The registered manager confirmed that additional HSC Trust representatives outside of the agency team were contactable when required and good communication between the agency and trust professionals was reviewed during inspection. The inspector noted the "Commencement of service checklist" in place that is completed by staff during their initial visit to a service user's home. The checklist is discussed with service users and their representatives to ensure awareness of the following:

- Date of service commencement
- Service delivery times
- Risk assessments
- Medication procedures
- Finances transactions
- Conditions of service
- Health and safety
- Complaints
- Names of staff providing service
- Names of home care managers
- Contact details
- Out of hours contact
- Service review
- Recording, monitoring, review and home access

- Statement of purpose
- Name of manager
- Quality report
- RQIA information

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Nine returned questionnaire from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping, care being rushed or missed calls by the agency. Service users confirmed that they are usually introduced to new carers by a regular carer and new carers had been made aware of the care required.

The service users and relatives advised that home visits had taken place to ensure satisfaction with the service; however only one relative was able to confirm that they have received a questionnaire from the agency. Some of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package.

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

- "Couldn't say a bad word."
- "Great service."
- "Don't know what we would do without them."
- "Really appreciate the help."
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The agency maintained recording templates in each service user's home file on which staff and professional staff recorded their visits. The inspector reviewed completed records returned from service user's homes, which confirmed appropriate procedures in place.

The manager demonstrated an awareness of the importance of accurate, timely record keeping and reporting procedure to professionals if any changes to service users' needs are identified.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments by a range of professionals as necessary. The professional assessments completed by the agency

on an ongoing basis evidence that service users and/or representative's views are obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details should service users require support in reviewing their care package or making a complaint.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care plan during the course of their time with the service. Questionnaires are provided for service users to give feedback. Evidence of this process was reviewed during inspection in terms of those questionnaires received by the agency. The inspector noted the positive feedback from service users who were asked to comment on the following:

- Commencement of service
- Respect
- Attitude
- Privacy and dignity
- Homecare service in general
- Equality and diversity

The inspector noted some of the comments made by service users during the view of service quality audit:

- "Could not be improved."
- "They are a breath of fresh air coming into the old folk in the morning."
- "They couldn't do enough for you and make you feel special."
- "All the ladies are great."
- "Absolutely no complaints with the carers. They do a wonderful job."
- "Always take the time to do what I need from them."
- "They can be held up by traffic or by another service user."
- "I never feel rushed or a nuisance, they care so much."
- "Even if running late, they never rush in and out. They always have time for a cheery word or two."

Eight service user files reviewed during inspection contained evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to other trust professionals evidence of this process was reviewed during inspection.

The manager confirmed that they were provided with details of care planned for each new service user.

Nine returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- They get the right care, at the right time and with the best outcome for them.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed.

Views of service users and relatives have been sought through home visits to ensure satisfaction with the care that has been provided by Ballymena Community Services. Examples of some of the comments made by service users or their relatives are listed below:

- “They get on well with my XXX.”
- “Pleasant girls.”

Records viewed in the agency office and discussions with the manager confirmed that observation of staff practice was carried out within service users’ homes on an ongoing basis. The inspector noted the following on site supervision checklists completed during observation in service users’ homes:

- Uniform
- Infection control
- Client records signed and dated
- Adhered to the care plan
- Adhered to risk assessments
- Encouraged participation
- Maintained client dignity
- Treated client with respect
- Training identified

The agency implements service user quality monitoring practices on an ongoing basis through home visits or other contact by the professional staff. Records reviewed during inspection support ongoing review of service user’s needs with evidence of revised care and support plans.

Quality monitoring from service user visits alongside monthly quality reports and the annual quality review of services evidenced positive feedback from service users and their family members. The inspector noted some of the comments made by service users, staff and HSC Trust professionals during monthly quality monitoring visits:

Service users’ comments:

- “Staff always introduce themselves.”
- “The quality of the service is excellent.”
- “I’m satisfied with my care.”
- “I’m familiar with the complaints procedure.”
- “I could not cope without them.”
- “Staff always maintain my dignity.”
- “I could not be happier with the service.”

Staff comments:

- “The quality of the care is good.”
- “I always maintain service users’ privacy.”
- “I’m satisfied with my supervision.”
- “I always adhere to risk and care assessments.”
- “I’m trained and skilled for the job.”

HSC trust comments:

- “Staff are always respectful.”
- “Staff always respond to referrals promptly.”
- “The quality of the care is excellent.”
- “Staff are always courteous.”
- Nine returned questionnaires from staff indicated:
 - Service users get the right care, at the right time and with the best outcome for them.
 - There are systems in place to monitor the quality/safety of the service you provide.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Elaine Calvert, the agency provides domiciliary care to 337 people living in their own homes. Discussion with the registered manager evidenced that there was a clear organisational structure within the agency.

Staff have access to the agency’s policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

There was evidence that staff were encouraged to be involved in the development and improvement of the service. This was evidenced in the staff’s personal development plans. The inspector noted some of the topics discussed during personal development plan meetings:

- Main aspects of your job
- List your main responsibilities for the next year
- KSF
- Communication
- Personal and people development
- Health and safety
- Service improvement
- Quality

- Equality and diversity
- Health and wellbeing needs

All of the service users and relatives interviewed by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The complaints log was viewed for 2015 and 2016 to date, with no complaints arising. Monthly quality monitoring reports included a section for complaints review ongoing if necessary.

Discussion with the registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. From discussions with the registered manager it was noted that there are systems in place to support the manager in her role and that she has regular contact and support from her line manager. No reportable incidents had occurred since the previous inspection.

The registered person has worked effectively with RQIA to operate the service in accordance with the regulatory legislation. They have led the organisation in maintaining compliance with Regulations and Minimum Standards.

Nine returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- That the people who use the service have their views listened to.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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