

Unannounced Follow-up Care Inspection Report 19 October 2017



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: Jim McBride

Clair Mc Connell User Consultation Officer (UCO)

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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. The agency which is part of the Northern HSC Trust provides a range of services to 305 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 105 staff.

3.0 Service details

| | |
|--|--|
| Organisation/Registered Provider: Northern Health and Social Care Trust Responsible Individual Anthony Baxter Stevens | Registered Manager: Claire O'Hare (Acting) |
| Person in charge at the time of inspection: Interim domiciliary care locality manager | Date manager registered: N/A, Acting |

4.0 Inspection summary

An unannounced inspection took place on 19 October 2017 from 09.15 to 12.30.

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

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

The inspection was undertaken following information received by RQIA in relation to:

- care plan/documentation
- staffing
- service users detail
- rotas
- missed calls
- registered manager details

The following areas were examined during the inspection:

- care plans
- staffing
- management arrangements

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 | 0 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the Interim domiciliary care locality manager, and two other senior managers from the HSC Trust 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 9 March 2017

No further actions were required to be taken following the most recent inspection on 9 March 2017.

5.0 How we inspect

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

- discussion with the Interim manager and senior HSC Trust staff
- discussion with staff
- examination of staff rota information
- evaluation and feedback
- user consultation officer report

The following records were examined during the inspection:

- care plan documentation for six service users
- staff rotas
- out of hours concern list
- service users contact list
- staff contact list
- missed call records

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 March 2017

The most recent inspection of the agency was an announced care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 9 March 2017

There were no areas for improvement made as a result of the last care inspection. This inspection focused solely on issues previously outlined in section 4.0.

6.3 Inspection findings

Care plans:

During the inspection the inspector examined a number of care plans in place; these included the following information and were satisfactory:

- referral information
- individual plan of care
- individual risk assessments

On the day of the inspection the inspector noted that, the agency responds to the needs of service users through the development and review of individual care plans. A number of staff spoken to by the inspector stated that the service users they provide services to have in place care plans. One stated: “All of my clients have a care plan in place.”

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

Staffing:

The inspector examined a number of staff rotas and other information relating to the deployment of staff. The interim manager and area manager described to the inspector how the rotas worked. The staff rotas reviewed during the inspection provided evidence of adequate staff numbers to meet service user needs.

A number of staff spoken to by the inspector stated that they have rotas in place for the service users they provide care to. Staff explained that if changes are required they are informed by the manager. This was verified during the inspection by the interim manager.

One stated: “I have my own rota for a regular run, any changes will be made by the manager and I am informed.”

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

Management arrangements:

The inspector noted the current management arrangements in place. The agency has in place acting manager as well as an interim domiciliary care locality manager. Care coordination in some cases is being facilitated by staff from other agencies across the HSC Trust and feedback from staff interviewed suggested that these arrangements are satisfactory. One staff member stated:

- “Current management arrangements are great.”
- “The new staff in place are excellent.”

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

Service users:

During the inspection the agency were unable to provide an up to date list of service users. The interim domiciliary care locality manager stated that they were In the process of updating the list and would ensure it was in place.

Areas for improvement

Regulation 21.1 (a) Schedule 4 (3)

The registered person shall ensure that the records specified in Schedule 4 are maintained and that they are kept up to date, in good order and in a secure manner.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 0 |

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

- the previous inspection report
- the current registered manager details
- any correspondence with RQIA since the previous inspection

During the inspection the inspector met with the Interim domiciliary care locality manager, the Head of domiciliary care NHSCT and the Assistant director community care division. The inspector spoke with six care staff by telephone following the inspection.

Following the inspection the User Consultation Officer (UCO) spoke with two service users and ten relatives, by telephone, on 23 and 24 October 2017 to obtain their views of the service. The service users interviewed receive assistance with the following:

- management of medication
- personal care
- meals

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by the Northern Trust's homecare service in the Ballymena area. 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, use of equipment and management of medication. The majority of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Sometimes new carers aren't sure what needs to be done."
- "Quite happy with the care."
- "It worries me when strangers call at the door."

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. One relative interviewed also advised that they had experienced a small number of missed calls by the agency. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from the agency were raised with the UCO. The majority of the service users and relatives were unable to confirm that home visits and phone calls have taken place or that they had received a questionnaire from the agency to obtain their views on the service.

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

- "Nothing to complain about. The girls are brilliant."
- "Very thankful for the help."
- "Very happy."
- "I have raised issues with them but nobody listens to us really."

The majority of the service users and relatives interviewed by the UCO felt that care was compassionate. Service users, as far as possible, are given their choice in regards to meals and personal care; however some relatives felt that care can be rushed.

Views of service users and relatives have not been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Northern Trust's homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- "Very friendly."
- "Lovely girls but they're under pressure."
- "XXX was anxious at the start but the carers put us at ease."
- "Good bunch of girls."

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Two relatives advised that they had made complaints in regard to timekeeping, standard of care and missed calls.

The inspector spoke with the Interim domiciliary care locality manager on the 24 October 2017 and highlighted some of the issues raised by service users in relation to some missed calls and staff. The manager was aware of these and has in place a current action plan to deal with these issues.

The care staff spoken with by the inspector following the inspection expressed their satisfaction with the following:

- care plans are available in service users homes
- they have a copy of their rota for the service users they provide service to
- the current management arrangements are satisfactory
- the managers are approachable
- they can raise concerns with the current manager

Comments received:

- "The manager is approachable."
- "If care needs change we are informed."

- “I have reported concerns and care need changes to ***.”
- “Some clients need earlier calls.”
- “The manager is easy to talk to.”
- “All of my clients have a care plan in place.”
- “*** is fantastic.”
- “Current management arrangements are great.”
- “The new staff in place are excellent.”
- “Care plans are well documented.”
- “I have no problems.”
- “I would feel very comfortable approaching the current manager.”

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 person in charge, 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 Regulations (Northern Ireland) 2007

| | |
|--|---|
| <p>Area for improvement 1</p> <p>Ref: Regulation 21 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p> | <p>The registered person shall ensure that the records specified in Schedule 4 are maintained.</p> <p>This area for improvement relates to ensuring that the alphabetical index of service users, including the full name, address and telephone number of each of them, is maintained and at all times available for inspection.</p> |
| | <p>Response by registered person detailing the actions taken: An alphabetical index of service users has been completed and was forwarded on 16th October 2017(day of inspection after 5pm) to RQIA. This will be continuously maintained.</p> |



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)