

Unannounced Care Inspection Report 13 November 2020



Carrickfergus Community Services

Type of Service: Domiciliary Care Agency

**Address: Carrickfergus Health Centre, Taylors Avenue, Carrickfergus,
BT38 7HL**

Tel No: 028 9331 5966

Inspector: Corrie Visser

www.rqia.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

Carrickfergus Community Services is a domiciliary care agency based at Carrickfergus Health Centre commissioned by the Northern Health and Social Care Trust (NHSCT). The agency provides a range of personal care services, meal provision and sitting services to people living in their own homes. Service users have a range of needs including dementia, mental health, learning disability and physical disability.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Mrs Jennifer Welsh	Registered Manager: Mrs Helen Thompson
Person in charge at the time of inspection: Mrs Helen Thompson	Date manager registered: 16 October 2018

4.0 Inspection summary

An unannounced inspection took place on 13 November 2020 from 10.00 to 13.45 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. This inspection was carried out using an on-site inspection approach in line with social distancing guidance.

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 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

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.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 maintained by the agency in relation to the safeguarding of adults.

On the day of the inspection it was noted that no incidents had taken place since the previous inspection on 23 December 2019.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received one complaint since the last inspection. The complaint reviewed was dealt with satisfactorily that showed a positive outcome for the complainant.

One area for improvement was identified during this inspection in relation to record keeping. Two areas for improvement identified at the previous inspection have been restated for the second time in relation to the service user agreement and records being returned in a timely way.

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

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	*3

* Two standards have been re-stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Helen Thompson, registered manager and Mrs Elizabeth McErlean, area 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 23 December 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 December 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, returnable QIP, notifiable events, and written and verbal communication received since the previous care inspection.

Following our inspection we focused on contacting the service users, their relatives, staff and professionals 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. Updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included "Tell Us" cards, service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No responses were received prior to issuing this report.

Following the inspection we communicated with two service users, three staff, four service users' relatives and one professional.

The 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 inspection dated 23 December 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 14(a) Stated: Second time	The registered person shall ensure that a robust system is implemented and maintained which ensures that scheduled calls to service users are provided as required.	Met
	Action taken as confirmed during the inspection: We reviewed four service users' file and it was noted that there were no missed calls over a two week period.	
Area for improvement 2 Ref: Regulation 23(1)(5) Stated: Second time	The registered person shall ensure the following: <ul style="list-style-type: none"> • a system is maintained for evaluating the quality of the services which the agency arranges to be provided. • the system shall provide for consultation with service users and their representatives. This relates to the improvement of the monthly quality monitoring visit reports.	Met
	The agency is required to submit these reports to RQIA until further notice.	
	Action taken as confirmed during the inspection: The monthly quality monitoring reports were submitted to us until April 2020 and the service was deemed to be compliant with this regulation.	

Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards 2011		Validation of compliance
Area for improvement 1 Ref: Standard 10.4 Stated: Second time	<p>The registered person shall ensure that an accurate and contemporaneous written record is made of all telephone calls made by staff in relation to the care of service users. Staff signatures against such records must also be made in a legible manner at all times.</p>	Met
	<p>Action taken as confirmed during the inspection: Upon reviewing the four service users' files, it was noted that written records were maintained of all telephone calls made by staff in relation to the care of service users. These records were signed, dated and legible.</p>	
Area for improvement 2 Ref: Standard 5.6 and 5.7 Stated: First time	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>This relates to the dates of entries being accurate as well as the filing of documentation being in the relevant sections.</p>	Not met
	<p>Action taken as confirmed during the inspection: It was noted that daily logs had not been returned to the service in a timely way and there was a significant delay with the logs being audited therefore any deficits were not being identified within an appropriate timeframe.</p>	
Area for improvement 3 Ref: Standard 4.1 Stated: First time	<p>The registered person shall ensure that each service user and, if appropriate his or her carer/representative is provided with a written individual service agreement before the commencement of the service. If it is not possible to provide this agreement before the commencement of the service, it is provided within five working days of such commencement.</p> <p>This relates to the service user agreement being in every service users' file.</p>	Not met
	<p>Action taken as confirmed during the inspection: We reviewed four service users' files and it was noted that one file did not contain a service user agreement, two did not specify</p>	

	the date of commencement and there was a 12 day delay of an agreement being signed. This area for improvement will be re-stated for the second time.	
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6.1 Inspection findings

Recruitment:

The service's staff recruitment processes were noted to be managed in conjunction with the Business Service Organisation (BSO) who undertake all pre-employment checks. Correspondence is then sent to the manager advising everything has been completed and a start date can be offered and the file is subsequently passed to the 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 for three members of staff from BSO advising that the pre-employment checks had been completed and a commencement date could be provided.

The NISCC matrix reviewed confirmed all staff are currently registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

Monthly Quality Monitoring Reports:

Following the previous inspection on 23 December 2019, the agency was submitting the monthly quality monitoring reports for review. This was ceased in April 2020 due to the agency being compliant with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was positive to note that the agency was consulting with more stakeholders for feedback on the quality of the care being delivered.

Service Users' Files:

We reviewed four service users' files and daily logs. It was noted that the daily logs for one service user were not available following a review and change of the care plan therefore we were unable to review this. It was also noted during the inspection that daily logs from 29 April 2018 were returned to the office on 16 March 2019 and not audited until 3 May 2019 and further daily logs from this time until 13 July 2020 had not been audited. It is essential that records are returned to the office in a timely way so they can be audited to ensure that service users' are receiving their full package of care in a safe and effective manner. This area for improvement has been restated for the second time.

The three daily logs reviewed had significant deficits including unrecorded dates and times of calls, unsigned records or completed inappropriately in accordance with regulations. An area for improvement has been made in this regard.

We reviewed four service users' files and it was noted that one file did not contain a service user agreement, two did not specify the date of commencement and there was a 12 day delay of an agreement being signed. This area for improvement has been re-stated for the second time.

Comments from service users included:

- "I get on with them alright."
- "We have a laugh."
- "I'm happy enough."
- "Unless it's in the book, they won't do it."
- "The girls are wearing their masks, gloves, aprons and visors."
- "I am quite happy."
- "They are very friendly."

Comments from service users' relatives included:

- "The majority of them are very good."
- "On the whole I am happy."
- "I don't know what we would do without the carers."
- "They are brilliant."
- "I have previously contacted the office with an issue and it was resolved straight away."
- "I don't know how my relative would cope without them."
- "They are proactive and have my relative's best interest at heart."
- "They are very good with my relative."
- "We are very satisfied with the care."
- "I am very happy."
- "The level of care is very very good."
- "I can't complain about them at all."

Comments from care workers included:

- "PPE is well instigated."
- "I get good support from my line manager."
- "Promoting independence with the service users is important."
- "I wish I had done this job throughout my working life."
- "Our service users are wonderful."
- "Training is a lot better than it was 17 years ago. More focus is put on caring for our backs and the training gives us the knowledge and skills we need."
- "They are a great company to work for."
- "We have had good guidance and support throughout the pandemic."
- "I'm happy as a home care worker."
- "Would anyone be prepared for this pandemic? I feel we have managed well through it."
- "We had a recent team meeting which was really good."
- "I enjoy my job."
- "If a service user is feeling a bit down, I spend some extra time with them."

Comments from professionals included:

- "I find they are good are keeping me up to date."
- "They are proactive if a service user needs extra support."
- "They use their initiative."

- “They are by the book which is good.”
- “My service users would highly praise the carers.”

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
- 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

From feedback, 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

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

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

One area for improvement was identified during this inspection in relation to record keeping. Two areas for improvement identified at the previous inspection have been restated for the second time in relation to the service user agreement and records being returned in a timely way.

	Regulations	Standards
Total number of areas for improvement	0	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 Mrs Helen Thompson, registered manager and Mrs Elizabeth McErlean, area 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 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 5.6 and 5.7</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>This relates to the daily logs being returned in a timely way so that they can be audited and any deficits identified and act upon immediately.</p> <p>Ref: 6.0 and 6.1</p>
	<p>Response by registered person detailing the actions taken: With reference to the Daily Service User Record Sheets, all Home Care Workers were issued with a laminated list intitled 'Home Care Worker Actions' to ensure good record management. This is also listed as a standard item on the agenda for Home Care Worker individual supervision and team meetings. Failure to comply with record management, will result in implimenting disciplinary action. An audit sheet for Daily Service User Record Sheets has been implimented to identify any discrepancies and actions required. The Domiciliary Care Locaility Manager will reiterate the importance of these logs being returned in a timely way and ensure the Home Care Officers now schedule and make arrangements to collect the Daily Service User Record Sheets on a quarterly basis.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>All activities undertaken in relation to the service user’s care plan are recorded and relevant information communicated to the appropriate people. The record maintained in the service user’s home details (where applicable):</p> <ul style="list-style-type: none"> • the date and arrival and departure times of every visit by agency staff. <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: Through audits completed in a timely manner, if we identify staff who are continually failing in record management, then the disciplinary procedure will be implimented.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection and</p>	<p>The registered person shall ensure that each service user and, if appropriate his or her carer/representative is provided with a written individual service agreement before the commencement of the service. If it is not possible to provide this agreement before the commencement of the service, it is provided within five working days of such commencement.</p> <p>This relates to the service user agreement being in every service users’ file, signed and includes the date the service commenced.</p>

ongoing	Ref: 6.0 and 6.1
	Response by registered person detailing the actions taken: The Domiciliary Care Locality Manager will reinforce Standard 4.1 and the importance of planning and scheduling First Home Visits/Service Agreements with the Home Care Officers at team meetings and individual supervision. The Domiciliary Care Locality Manager has access to each Home Care Officers scheduler and this will be reviewed with the Home Care Officer during Accountability to monitor that forward planning and scheduled primary visits are in place.

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)