

Unannounced Care Inspection Report 23 December 2019



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

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

Carrickfergus Community Services is a domiciliary care agency based at Carrickfergus Health Centre commissioned by the Northern Health and Social Care Trust. 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: Dr Anthony Baxter Stevens	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 23 December 2019 from 09.15 to 13.50 hours.

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 have duties 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 be seeking 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 monitoring the professional registration of staff, induction and training and care planning.

Three areas for improvement previously made in relation to the monthly quality monitoring reports, a lack of communication regarding service users needs and missed calls to service users have been stated for the second time.

Further areas of improvement were made in relation to Service User Agreements not in service users' files and poor record keeping.

All those consulted with were generally happy with the care being provided.

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	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Helen Thompson, 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 12 March 2019

The completed QIP was returned and approved by the care inspector.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 March 2019.

5.0 How we inspect

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

- the registration details of the agency.
- information and correspondence received by RQIA since the last inspection.
- previous inspection report dated 12 March 2019 including the QIP

The following records were examined and/or discussed during/following the inspection:

- Four induction records.
- Four service users' care records and daily logs.
- The agency's staff training matrix.
- The agency's matrix to ensure staff are registered with the Northern Ireland Social Care Council (NISCC).
- Four Access NI checks for newly employed staff.
- The agency's monthly quality monitoring reports.
- Service user agreement.
- A sample of policies and procedures

As part of the inspection process, the inspector spoke with three service users, three members of staff, one professional and three service users' relatives.

The received comments are incorporated throughout this report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency’s registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received prior to the issuing of this report.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within this report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

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

The inspector would like to thank the manager, service users, staff and service users’ relatives’ 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

6.1 Review of areas for improvement from the last care inspection dated 12 March 2019

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 14 (a) Stated: First 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. The agency will also submit a robust action plan to RQIA with the returned QIP which clearly outlines how relevant governance processes have been improved and how these will be subject to ongoing monitoring and quality assurance.	Not met

	<p>Action taken as confirmed during the inspection: Four service user files were reviewed during inspection and it was noted that two service users had three missed calls and there was not a robust system in place to monitor missed calls. This should be identified through the audit of the service users' files. This will be stated for the second time as an area for improvement.</p>	
<p>Area for improvement 2 Ref: Regulation 23 (1)(4)(5) Stated: First time</p>	<p>The registered person shall ensure the following:</p> <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 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. • the system shall provide for consultation with service users and their representatives. <p>This relates to the improvement of the monthly quality monitoring visit reports.</p> <p>Action taken as confirmed during the inspection: The inspector examined three monthly monitoring reports which lacked consultations with services users, their relatives and professionals. The reports also lacked information in relation to the needs of the services users being met in terms of missed calls not being monitored.</p> <p>Although action plans were in place, they were not sufficiently robust, to ensure that appropriate follow up action would be taken. This area for improvement was not met and has been stated for the second time.</p>	<p>Partially met</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.7 Stated: First time	The registered person shall ensure that all staff induction records are completed in a timely, comprehensive and detailed manner at all times.	Met
	Action taken as confirmed during the inspection: Four recruitment files were examined during the inspection and evidence was provided of a full induction including the dates of the departmental training, shadowing and mandatory training.	
Area for improvement 2 Ref: Standard 12.3 Stated: First time	The registered person shall ensure that all staff receive mandatory training, including any required refresher training, within expected timescales.	Met
	Action taken as confirmed during the inspection: The agency has a training matrix in place. There were some outstanding dates for some staff however there was a nomination sheet so all staff were booked on to training to ensure compliance with their training. Letters and phone calls are undertaken with the staff to ensure their attendance at training and they are advised that disciplinary procedures could be commenced if training is not attended.	
Area for improvement 3 Ref: Standard 3.3 Stated: First time	The registered person shall ensure that person centred care plans are in place for service users and which includes the following information, as required:	Met
	<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 	

	<p>Action taken as confirmed during the inspection: Four care plans were examined during inspection and they included detail in relation to care to be provided to the service user. There was also information and a risk assessment on the specific equipment required for each service user. There was a consent form which was signed by the service user, next of kin or representative in relation to the administration of medication. The service users' preferences were also identified in the individual care plans and there were in depth risk assessments.</p>	
<p>Area for improvement 4 Ref: Standard 10.4 Stated: First time</p>	<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>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection: The inspector was unable to evidence records of telephone calls which had been made in relation to changes in the service users' needs.</p> <p>This area for improvement will be stated for the second time.</p>	

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 has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks had been completed; the outcome of the checks are retained by the HR department.

Four recruitment files were reviewed during inspection and there was evidence that all pre-employment checks were completed prior to the employee commencing work. There was also evidence of an in depth induction for all newly appointed staff. This included a three day induction programme which included training in the areas of moving and handling, infection prevention and control, medication administration and adult safeguarding. In addition to the three day induction, staff had three days of shadowing a more experienced care worker until they were deemed competent to fulfil their role. All induction records contained two signatures of the home care worker and home care officer. There was also a signed statement confirming their receipt and understanding of the agency's safeguarding procedure.

Along with the mandatory training, staff can access further training through the Homecare Worker's Development programme which includes training in areas such as dysphagia, fire safety, catheter training, equality and good relationships, hearing impairment, consent and capacity and health and safety. The inspector was informed that these sessions occur bi-monthly.

The inspector viewed the agency's training matrix to monitor and ensure all staff's training and development is kept up to date. There were some outstanding training dates; however this was discussed with the manager who advised that they are having difficulty in obtaining the sign in sheets and raised concern that the overarching system is not being updated to confirm attendance. It was advised that this is an ongoing issue and was recently raised at the Trusts' accountability meeting on 8 November 2019. The agency has compiled a nomination sheet to ensure outstanding training is booked and attended by staff. The agency ensures that two phone calls are made to staff, as well as a letter being sent to them to ensure their attendance at mandatory training. If the staff member does not attend the required training, they could face disciplinary procedure which is made clear to them via the letter from the agency. The manager also raised an issue with the inspector that there is insufficient training being offered to staff however this has been raised at domiciliary care locality meetings and accountability meetings.

A discussion with the registered manager confirmed that there had been no adult safeguarding referrals made since the last inspection. It was evidenced through discussions with staff that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

The inspector reviewed four service users' files and it was noted that there were a number of missed calls which meant that service users did not receive their package of care. This was discussed with the manager who was unable to provide any records as to the reason the calls had not been recorded. There was a system in place to audit the returned daily records. However, given that there continued to be missed calls, the auditing process had not been effective. An area for improvement previously made in this regard has been stated for the second time.

The service users and relatives spoken with did not have any concerns regarding the safety or care being provided by the agency. Examples of some of the comments made by service users or their relatives are listed below:

- "the girls are brilliant."
- "the girls never let me down."
- "I am delighted with the care."
- "every time the girls are there for ****."
- "I am happy enough with the care and the girls seem nice enough to me."

Discussion with staff during the inspection evidenced that they felt the care provided was safe and they received a good induction to enable them to be competent in their role. The staff were also aware of the safeguarding procedures. The following are examples of some comments received:

- “there are plenty of courses to attend regularly so that my knowledge and training is up to date.”
- “I have enough time to meet the needs of the service users”.

One member of staff discussed some challenges they felt in relation to one particular run. This was relayed to the manager for review and actioned as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of adult safeguarding procedures and care being provided in a safe way to service users.

Areas for improvement

An area for improvement made in relation to identifying missed calls has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	0

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 responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of this service provision is laid out in the agency’s Statement of Purpose. The agency provides care on behalf of NHSCT which is agreed in consultation with the service users and/or their representatives. The review of four service users’ records identified that conversations between homecare officers and care staff had not been consistently documented in relation to recommendations of any changes to care plans. An area for improvement previously made in this regard has been stated for the second time.

Upon commencement of a care package, service users are provided with a folder which contains a range of information, including the agency’s statement of purpose. The statement of purpose includes details of: the NHSCT’s complaints procedure, the Patient and Client Council, the Northern Ireland Public Service Ombudsman (NIPSO) and RQIA. The folder also contained information about available community services, the agency’s annual quality report, falls prevention advice and guidance in regard to how the NHSCT processes personal information. Whilst this was commended, the Service User Agreement was not in place in two of the care records reviewed. An area for improvement was made in this regard.

Through discussion with services users and their relatives there were no concerns in relation to missed calls by the agency however one service user reported that on occasions they can be slightly late however nothing of concern. The feedback received was positive in relation to the care being provided. Examples included:

- “not one concern.”
- “they never let me down.”
- “care is ok.”

The records reviewed demonstrated that they were maintained in accordance with data protection requirements. However, it was noted that since a new filing system was introduced, some records were misfiled. It was also noted from reviewing records that some dates written in the daily logs were incorrect. These areas had not been identified in the agency’s auditing processes. An area for improvement was made in this regard.

The care plans and risk assessments reviewed were comprehensive and included information regarding service users and their next of kin. There was evidence of written consent from service users in relation to providing assistance with the administration of medication.

The staff spoken with were aware of the service users’ needs and the importance of reviewing the care plans to ensure they are providing the appropriate level of care.

From discussion with HSCT representatives it was reported that reviews take place with the service users, their next of kin and the agency to review the care being provided. Comments received included:

- “the care workers are fabulous with ****.”
- “the service user really likes them.”
- “there is a great relationship between the care worker, the service user and their family.”
- “the care workers are punctual and respectful.”

The staff reported to the inspector that they receive regular supervision, including spot checks on their practice being undertaken to ensure they are providing a high standard of care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality of care being provided, spot checks on staff and regular supervision.

Areas for improvement

One area for improvement previously made in relation to consultations between the agency’s staff and management regarding the service users’ care needs has been stated for the second time.

New areas for improvement were highlighted in relation to poor record keeping and the Service User Agreement being on the service users’ files.

	Regulations	Standards
Total number of areas for improvement	0	3

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.

Discussions with the manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation.

All of the service users and relatives spoken with by the inspector felt that the care provided was compassionate. The service users and relatives advised the inspector that the care workers treat them with dignity and respect, and that the care had not been rushed. Service users, as appropriate, are given their choice in regards to personal care.

Comments made by service users or their relatives are listed below:

- “they seem nice enough.”
- “girls are friendly.”
- “the girls are fabulous and are always there for ****.”

Staff spoke knowledgably about the importance placed on recognising the individual needs of service users and how best to support each service user taking into account individual preferences and that they have enough time to spend with the service user to ensure their needs are met.

Discussion with staff during the inspection evidenced that they felt the care provided was compassionate. The following is an example of a comment made:

- “service users appear to be happy with the care, but you would need to speak directly to them.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the agency.

Areas for improvement

No areas for improvement were made in this domain of the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 inspector sought to assess the agency's leadership, management and governance arrangements to meet the assessed needs of service users. The RQIA registration certificate was up to date and displayed appropriately.

All of the service users and relatives spoken with by the inspector confirmed that they are aware of whom they should contact if they have any concerns regarding the service but they have never had to do this.

Some concerns were raised in relation to a manager not listening to staff and runs being too full resulting in care being rushed. This was discussed with the manager who advised that this will be discussed as part of team meetings and all staff will be made aware that if there are issues with their line manager, the registered manager should subsequently be approached.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff. A review of a sample of these evidenced that they had been updated within required timescales.

The inspector discussed the arrangements in place to ensure staff were registered with NISCC. The manager advised that staff were aware that any lapse in their registration would result in the staff member being unable to work in the agency until their registration was updated. The inspector was provided with a matrix in relation to this which had the staff members names noted, along with their registration number, initial registration date, recurring fee date, registration renewal date and month in which to remind staff. It was noted that two staff members registration had lapsed however they were both on a career break. The manager provided assurances that this would be addressed before they return to work and that they will attend all the relevant training required to fulfil their duties.

The monthly quality monitoring reports were reviewed during inspection and it was noted that despite an evaluation being undertaken on the service and the care being provided, the information was not robust and there was a lack of evidence of consultation with service users, their relatives, agency staff and referring professionals. This was discussed with the manager and the person who had the responsibility of undertaking the monitoring visits. Advice was given to the manager in relation to using the guidance template, which is available on the RQIA website. During inspection there were a number of missed calls to service users identified which should be picked up through the monitoring reports however this was not evidenced. An area for improvement previously made has been stated for the second time in this regard.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and the provision of staff support.

Areas for improvement

An area for improvement previously made in regard to monthly quality monitoring visit reports has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	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 Helen Thompson, 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 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 14(a)</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 a robust system is implemented and maintained which ensures that scheduled calls to service users are provided as required.</p> <p>Ref: 6.1 and 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This was in relation to three 'missed calls' which were not recorded on the service user record sheets. Investigation outcome concluded there were no service failures but identified recording errors. Importance of accurate record keeping was addressed at team meeting and will be cascaded to Home Care Workers. Systems were put in place to ensure all scheduled calls were provided to service users and will continue to be implemented. New templates have been implemented to record date range on completed service user record sheets when they are returned to the office for filing and also a template for recording when 'no service is required' as this will ensure all dates/times of scheduled calls are accounted for.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23(1)(5)</p> <p>Stated: Second time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure the following:</p> <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. <p>This relates to the improvement of the monthly quality monitoring visit reports.</p> <p>The agency is required to submit these reports to RQIA until further notice.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Area manager has noted the recommendation made and provided the inspector with 2 reports December and January These have included consultation with Agency staff, referring professionals, and service users or next of kin.</p> <p>the Area manager has recorded more detail of datix reports around service failures and actions to reduce this occurrence, and support to service users provided .</p> <p>The Inspector has responded to reports submitted and is satisfied with detail and consultations recorded.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 10.4</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 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> <p>Ref: 6.1 and 6.4</p> <p>Response by registered person detailing the actions taken: Communication record sheet has been amended to include date, time and full signature. A team meeting was held following inspection and new communication record sheets were discussed and implemented also instruction was given that that this must also be in a legible manner at all times.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.6 and 5.7</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</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 dates of entries being accurate as well as the filing of documentation being in the relevant sections.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A team meeting was held following inspection, communication record sheets were discussed and implemented also instruction given that this must be recorded in a legible manner at all times. Home Care Officers to include this on their agenda for discussion with Home Care Workers in relation their record keeping. A further measure has been introduced and a file audit will be carried out by each Homecare officer quarterly to ensure all documentation is correctly filed in relevant sections of service user file. a standardised audit tool will be used for this.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</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.</p> <p>Ref: 6.4</p>

Response by registered person detailing the actions taken:

A file audit will be carried out to highlight any service user file currently with no service agreement. The list will be given to Home Care Officers to action.

Service user agreements were discussed at team meeting and guidance given that his should be gained before commencement of service or if this is not possible, within five working days.

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



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