

Unannounced Care Inspection Report 22 January 2019



Antrim Community Services

Type of Service: Domiciliary Care Agency
Address: 12 Dublin Road, Antrim, BT41 4EA
Tel No: 02894426002
Inspector: Michele Kelly
User Consultation Officer (UCO): Clair Mc Connell

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

Antrim Community Services is a Northern Health and Social Care Trust (NHSCT) domiciliary care agency, based in Antrim town. The staff team of 73 provide personal care and social support to 212 service users.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Dr Anthony Baxter Stevens | Registered Manager: Mrs Elaine Calvert. |
| Person in charge at the time of inspection: Registered manager from another service within the organisation | Date manager registered: 7 February 2018 |

4.0 Inspection summary

An unannounced inspection took place on 22 January 2019 from 10.45 to 14.45.

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

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

Evidence of good practice was found in relation to:

- staff induction
- collaborative working
- care records

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.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Claire O' Hare, registered manager of another Northern HSCT service 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.

4.2 Action/enforcement taken following the most recent care inspection dated 5 February 2018

No further actions were required to be taken following the most recent inspection on 5 February 2018.

5.0 How we inspect

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

- previous inspection report
- record of notifiable incidents
- correspondence with RQIA since the previous inspection

During the inspection the inspector met with the registered manager from another service and three staff.

The following records were examined during the inspection:

- Four service users' care and support plans
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Incident records
- Induction records
- Staff rota information
- Staff Recruitment Policy
- Supervision Policy
- Induction Policy
- Safeguarding Adults in Need of Protection Policy
- Policy relating to management of data
- Complaints Policy
- Statement of Purpose
- Service User Guide

As part of the inspection the User Consultation Officer (UCO) spoke with three service users and five relatives, by telephone, on 29 and 30 January 2019 to obtain their views of the service. The service users interviewed receive assistance with personal care from the agency.

At the request of the inspector, the registered manager of another service within the organisation was asked to display a poster prominently within the agency's registered premises. The poster invited staff and visiting professionals to give their views and provides staff and visiting professionals with an electronic means of providing feedback to RQIA regarding the quality of service provision.

No responses were received prior to the issue of the report.

The inspector requested that the 'Have we missed you?' card is placed in a prominent position in the agency to allow service users, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

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 5 February 2019

The most recent inspection of the agency was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 February 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's recruitment process is coordinated by the organisation's Human Resources (HR) department in conjunction with the manager.

The person in charge stated that staff are not provided for work until all required pre-employment checks have been satisfactorily completed; discussions indicated that an email is sent from HR to confirm all checks have been completed this is signed and returned by the manager.

The inspector noted from records viewed that the induction programme provided to new staff is in excess of the three day timescale as required within the domiciliary care agencies regulations. Induction records viewed and discussion with staff indicated that domiciliary care workers are provided with an initial three day induction followed by a number of shadowing visits with staff currently employed by the agency. In addition staff are required to complete corporate induction and review a range of policies and information relating to the job role.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. It was noted that staff are required to participate in six monthly supervision and annual appraisal; staff are provided with a supervision agreement. Records reviewed by the inspector indicated that staff had received supervision and appraisal in accordance with the agency's policies.

Discussions with domiciliary care workers, service users and relatives indicated that staff had the appropriate skills to fulfil the requirements of their job roles. The agency maintains details of all staff induction, training, supervision and registration status with the Northern Ireland Social Care Council (NISCC).

The person in charge could describe the process for identifying the training needs of individual staff and their responsibility for ensuring that training updates are completed as required.

It was noted that domiciliary care workers were required to complete training in a range of mandatory areas and in addition training specific to the individual needs of service users. The agency has a system for recording training completed by staff; information viewed indicated that there were some gaps in the required training but there was evidence that staff had been booked onto the next available session.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The agency's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and details the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). There had been no safeguarding referrals since the last inspection.

It was identified from discussions with staff and training records viewed that staff are required to complete safeguarding training during their induction programme and in addition an update two yearly.

The agency retains details of the registration status and expiry dates of staff required to be registered with the NISCC. The person in charge stated that staff are alerted when their registration is required to be renewed and provided assurances that staff would not be supplied for work if they are not appropriately registered.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users' health, welfare and safety. It was evident that prior to commencement of a service the agency receives a range of relevant assessments and information from the referrer. Risk assessments, care plans and a timetable of service are provided for staff in the homes of the service users; it was identified that care plans are reviewed at least annually.

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 Northern Trust's homecare service. Care is being provided by a regular team of carers. 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 use of equipment. All 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:

- “First class care.”
- “Great service.”
- “No issues at all.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction.

Areas for improvement

No areas for improvement were identified during the inspection.

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

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed that agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency’s Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

The agency had a data protection policy; records viewed during the inspection were noted to be retained in an organised and secure manner. The inspector noted that domiciliary care workers had received training relating to record keeping. The person in charge provided assurances that all records pertaining to the agency are retained securely at all times.

Staff could describe the processes used for supporting service users and were appropriate their relatives to be engaged in the care planning and review processes. During the inspection the inspector viewed a number of individual service user care records; it was noted that staff are required to record details of the care and support provided at each visit.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users; this includes a process for completing quality monitoring audits of the agency on a monthly basis. The reports of monthly monitoring were not available on the day of inspection but were forwarded by email following the inspection.

The inspector viewed the agency’s quality monitoring reports of the visits completed by senior managers. The reports contained few comments made by service users, and did not always reflect the views of their representatives or staff. This matter will be reviewed at next year’s annual inspection.

The agency facilitates regular staff meetings; minutes of meetings viewed indicated that a range of information is discussed at each meeting and that staff are provided with the opportunity to raise concerns.

The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good among the staff team.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Care is provided by consistent teams and 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 Northern Trust's homecare service were raised with the UCO. The service users and relatives advised that home visits have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that they had received a questionnaire from the agency.

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

- "Couldn't ask for better."
- "Would give them 100%."
- "Very happy with the care."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

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

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector noted that domiciliary care workers receive information and training relating to human rights, equality and diversity, and confidentiality during their induction programme. Discussions with the staff, service users and relatives and records viewed indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the agency and in the way care is provided.

It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency had participated in liaison with a range of community professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

It was evident that the agency staff promote the independence, equality and diversity of service users.

Feedback from staff who spoke to the inspector indicated that they had developed knowledge of individual service users through careful observation and interaction over time.

Staff comments:

- “We try to go beyond what is expected to help clients.”
- “The service has got better for service users.”

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. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided the Northern Trust’s homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- “They’re lovely girls. Nothing’s a bother to them.”
- “They’ve time to chat which we like.”
- “Very friendly bunch

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

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

6.7 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 reviewed the management and governance systems in place within the agency to effectively meet the assessed needs of individual service users. The agency is managed on a day to day basis by Elaine Calvert, registered manager who is supported by senior staff. Staff spoken to on the day of inspection could describe the process for staff and service users to obtain support and guidance at any time including out of hour arrangements. Service users and relatives who spoke to the UCO confirmed that they were familiar with the procedure for contacting the agency if required.

The agency's complaints policy and procedure outlines the process for managing complaints; discussions with staff indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received awareness training in relation to management of complaints. Service users and relatives spoken to, could describe the process for raising concerns.

The agency maintains a record of complaints received. It was noted from records viewed and discussions with the person in charge that no complaints had been received since the previous inspection. Complaints are reviewed monthly as part of the agency's quality monitoring process.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed indicated that the agency's governance arrangements promote the identification and management of risk.

Systems in place include the provision of required policies and procedures, supervision and monitoring of staff in the homes of service users, monthly monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. The inspector noted that one staff member had not had a recent spot check while working in service users' homes. Following the inspection the inspector received evidence from the agency that this matter had been addressed promptly.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. Staff were able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy services
- equity of care and support
- individual person centred care
- individualised risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the referral documentation.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained both electronically and in a paper format; staff can access if required.

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. No concerns regarding the management of the agency were raised during the interviews.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

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

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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