

# Announced Care Inspection Report 5 February 2018



## Antrim Community Services

**Type of Service: Domiciliary Care Agency**  
**Address: 12 Dublin Road, Antrim, BT41 4EA**  
**Tel No: 02894426002**

**Inspector: Jim McBride**  
**User Consultation Officer (UCO): Clair Mc Connell**

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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 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 domiciliary care agency, based in Antrim town. The staff team of 78 provide personal care and social support to 208 service users.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Anthony Stevens	<b>Registered Manager:</b> Claire O'Hare (Acting)
<b>Person in charge at the time of inspection:</b> Claire O'Hare	<b>Date manager registered:</b> Claire O'Hare (Acting Manager) 30/9/17

### 4.0 Inspection summary

An announced inspection took place on 5 February 2018 from 09.30 to 13.00.

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

Evidence of good practice was found in relation to:

- staff training
- staff recruitment
- quality monitoring

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Claire O' Hare, Manager, as part of the inspection process and can be found in the main body of the report.

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

### 4.2 Action/enforcement taken following the most recent care inspection dated 16 February 2017

No further actions were required to be taken following the most recent inspection on 16 February 2017.

## 5.0 How we inspect

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

- discussion with the manager
- examination of records
- user consultation officer report (UCO)
- evaluation and feedback

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

- the previous RQIA inspection report
- any correspondence received by RQIA since the previous inspection
- recruitment records 12 December 2017

During the inspection the inspector spoke with the manager and the operations manager regarding the care and support provided by the agency, staff training and staff's general knowledge in respect of the agency.

The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

As part of the inspection the User Consultation Officer (UCO) spoke with two service users and six relatives, by telephone, on 7 and 8 February 2018 to obtain their views of the service. The service users interviewed have received assistance with personal care and meals.

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of issuing this report no staff views had been returned to RQIA via Survey Monkey.

The manager was also asked to distribute 10 questionnaires to service users seeking their view on the service they receive. No questionnaires were returned to RQIA.

The following records were examined during the inspection:

- Monthly quality monitoring reports
- A number of care and support plans
- Staff training records including:
  - *Safeguarding*
  - *Medication*
  - *Back care*
  - *Infection control*
  - *Dysphagia*
- Complaints records
- Safeguarding policy and procedures (2018)

- Staff induction policy and procedures
- Staff rota information
- Service user guide (September 2017)
- Statement of purpose (September 2017).

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 16 February 2017

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 16 February 2017

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 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 the Northern Trust's homecare service. New carers had been 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:

- "So good to me."
- "Would give them 10 out of 10."
- "Never had any issues."

A number of policies and procedures were reviewed during the inspection. The inspector visited the agency's Human Resource Department on the 12 December 2017 to review a number of recruitment records, which verified that the pre-employment information and documents had been obtained as required for each of the care workers. The documents reviewed were satisfactory.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. The agency's induction policy was updated in August (2017).

Discussions with the manager indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons are available to meet the assessed needs of the individual service users. The agency's staff rota information viewed by the inspector reflected staffing levels as described by the manager; the inspector viewed rota information for weeks ending: 1/2/18/, 8/2/18 and the 15/2/18 the records in place were satisfactory.

All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with The Northern Ireland Social Care Council (NISCC) in line with NISCC timeframes and guidelines. The agency's manager confirmed the majority of staff are registered with (NISCC), with the remaining staff moving towards registration.

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

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Discussion during inspection with the manager confirmed satisfaction with the quality of training offered.

Records reviewed for staff members evidenced mandatory training, quality monitoring and supervision as being compliant with agency policy timeframes. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained. The agency's registered premises include offices suitable for the operation of the agency in line with the Statement of Purpose (2017).

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

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

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 only experienced missed calls due to extreme weather conditions and that they had been notified by the agency.

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 and phone calls have taken place to obtain their views on the service; one relative confirmed that they had also received a questionnaire.

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

- "Have got to know them well."
- "100% happy."
- "Couldn't fault them."

Service user records viewed in the agency office included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The manager explained that the agency attend the trust arranged care review meetings with service users/representatives.

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

- "All good girls."
- "They are all good to me."
- "\*\*\*\*\* is very content with the girls."
- "They are 100%."
- "A good team of girls they all work well."

Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans. The manager confirmed that the agency is provided with details of the care planned for each new service user or with changes to existing service users' care plans. The manager demonstrated an awareness of the importance of accurate, timely record keeping and reporting procedure if any changes to service users' needs are identified.

The inspector noted the positive feedback from service users who were asked to comment on the following during the agency’s annual service user survey:

- Quality of homecare service overall.
- Do you find homecare staff to be caring and compassionate towards you?
- Did you receive a leaflet explaining the role and function of the Regulation and Quality Improvement Authority (RQIA)?
- Do homecare staff have enough time to carry out the tasks in your Care plan, without making you feel rushed in any way?

**Some of the comments made by service users during the annual survey:**

- “I could not get better.”
- “They are very efficient.”
- “They are mostly good at all times.”
- “I could not ask for better care from them.”
- “More and beyond what they should do.”
- “Care is very good based on the basic homecare package\*\*\* receives.”
- “They come in and do their job efficiently.”
- “I find them very good at their job.”
- “Never have I been made to feel rushed. They take time and with me and show a lot of patience.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

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, phone calls and questionnaires to ensure satisfaction with the care that has been provided by the Northern Trust’s homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- “Very, very nice girls.”
- “Like part of the family; they’re all great.”
- “Very friendly.”
- “Was anxious at the start, but the girls put us at ease.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members.

Observation of staff practice carried out within service users’ homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with the manager. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

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 complaints had been made regarding the service or management of the agency.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the manager, Claire O Hare, a team of 78 staff provide domiciliary care and support to 206 people living in their own homes.

Review of the Statement of Purpose and discussion with the acting manager evidenced that there was a clear organisational structure within the agency. The manager was able to describe staff roles and responsibilities and was clear regarding reporting responsibilities in line with the agency procedures.

The Statement of Purpose (2017) was reviewed and found to be appropriately detailed regarding the nature and range of services provided. This contained all information in compliance with Regulations and Standards.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

It was identified from records viewed that the agency had received no complaints since the previous inspection.

The inspector reviewed a number of monthly quality monitoring reports. The reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

The inspector noted comments from Service users, Staff and the HSC Trust:

**Service users:**

- "They always take time to listen."
- "Staff always offer choice."
- "The quality of the service is very good."

**Staff:**

- "I always follow guidance on risk."
- "Good quality care."
- "I have attended all training."

**HSC Trust:**

- The quality of the service is excellent."
- "Very approachable staff."
- "Response times are satisfactory."

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose (2017) and Service User Guide (2018) are kept under review, and have been revised when necessary.

The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements, management of complaints, incidents, quality monitoring and improvement.

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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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