



The Regulation and
Quality Improvement
Authority

Antrim Community Services
RQIA ID: 10952
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Inspector: Jim McBride

User Consultation Officer: Clair McConnell

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**Announced Care Inspection
of
Antrim Community Services**

22 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 22 February 2016 from 10.00 to 12.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust. Dr Anthony Baxter Stevens	Registered Manager: Elaine Calvert
Person in charge of the agency at the time of Inspection: Elaine Calvert	Date Manager Registered: 4 June 2009
Number of service users in receipt of a service on the day of Inspection: 233	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**4. Methods/Process**

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Records of notifiable events
- User Consultation Officer (UCO) report.

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- A number of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports from August 2015 to January 2016
- Staff training records
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information.

Prior to the inspection the User Consultation Officer (UCO) spoke with four service users and three relatives on 19 and 20 February 2016 to obtain their views of the service. The service users interviewed live in Antrim and surrounding areas, and receive assistance with the following:

- Management of medication
- Personal care
- Meals

During the inspection the inspector spoke with the registered manager the homecare senior and two homecare workers. The two homecare workers interviewed gave a comprehensive overview of the service.

Staff comments:

- “Training is good”
- “We work well as a team and support each other”
- “We receive one to one supervision”
- “Induction includes shadowing shifts with new staff.”

At the request of the inspector the manager was asked to distribute a number of questionnaires to staff for return to RQIA. One questionnaire was returned.

The questionnaire indicated that the staff member was either satisfied or very satisfied with the following:

- The training provided by the agency in safeguarding adults
- Individual care plans are appropriate to meets services user’s needs
- The times allocated to meet the service user’s needs
- The information provided to service users regarding delayed calls.

5. The Inspection

Antrim Community Services is a Northern Health and Social Care Trust domiciliary care agency, based in Antrim town. The staff team of 83 provide personal care and social support to 233 service users.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 29 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13 Schedule 3(3)	The registered manager is required to obtain full information relating to each home care worker, proof of identity, including a recent photograph.	Met
	Action taken as confirmed during the inspection: The inspector examined records available and confirmed compliance with the requirement.	

<p>Requirement 2</p> <p>Ref: Regulation 15 (6)</p>	<p>The registered manager is required to expand their 'Handling service user's monies' procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the document "Handling service users money; Guidance for Homecare Staff" which provided guidance on emergency shopping tasks. This matter was also included in a newsletter issued to homecare workers in December 2015.</p>		
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Minimum Standard 12.3</p>	<p>The registered manager is recommended to ensure all staff is provided with manual handling update training in line with best practice guidance.</p> <p>(Restated from 5 February 2014)</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector examined the manual handling training records which verified that some staff still required updates. The inspector viewed a schedule which provided an assurance that staff who had missed training sessions due to sickness or leave were due to complete their update training on dates identified in February and March 2016. From discussion with the manager and examination of records, the inspector was satisfied that there were appropriate arrangements in place to ensure that this training would be undertaken by the relevant staff.</p>		
<p>Recommendation 2</p> <p>Ref: Minimum Standard 8.17</p>	<p>The registered manager is recommended to ensure all management staff completes outstanding update training on mandatory subject areas.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector examined records available and confirmed compliance with the recommendation.</p>		

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

The UCO was advised that service users are usually introduced to, or advised of the name of, new carers by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users and/or representative's views had been obtained and incorporated.

Is Care Effective?

The UCO was informed by all of the people interviewed that they are aware of whom they should contact if there any issues regarding the service. Two people advised that they had made complaints to the agency; one of which is ongoing.

Management visits and telephone calls are taking place to discuss the care provided, as well as observation of staff practice.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis.

No staff practice issues were identified during the spot checks which the inspector viewed in six staff files. On site supervision included the following observations: - had the care worker -

- Adhered to the care plan?
- Adhered to risk assessments?
- Used the equipment in accordance with risk assessments?
- Encouraged participation?
- Used the seven steps to hand hygiene?
- Maintained dignity and treated clients with respect?

The inspector discussed with the registered manager the details of the direct observations that take place within service users homes. The records of observations/supervision were examined by the inspector. Service user records viewed in the agency office evidenced regular visits and feedback received had been followed up. These records evidenced that the agency carries out care reviews with service users if changes to their needs are identified. The agency maintains a communication log for each service user where details of requests for changes are noted. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

Staff provided examples to demonstrate how they promote service user independence, choices and respect. All of the people interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly monitoring reports reviewed evidenced that working practices are being systematically reviewed. Some of the comments received included:

- “Staff are always very pleasant and full of conservation”
- “Staff always offer choice”
- “Staff always maintain my dignity”
- “Staff are very good and I look forward to seeing them”
- “They are always willing to listen to me”
- “Staff give me a feeling of security.”

Is Care Compassionate?

Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible. The majority of the people interviewed by the UCO raised no concerns regarding care being rushed or the quality of care being provided by the carers. Service users, as far as possible, are given their choice in regards to personal care. Examples of some of the comments made by service users or their relatives are listed below:

No concerns were raised regarding the carers treating the service users with dignity or respect; however two relatives felt that care on occasion can be rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- “They’re excellent. My XXX gets on well with them”
- “They are all lovely. Nicest bunch of girls”
- “Couldn’t do without them”
- “Very thankful for them”
- “Happy with the service.”

In the main, service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or surveys for the agency.

Areas for Improvement

No areas for improvement were identified regarding this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and late calls. The agency has a procedure for management of missed calls.

The inspector discussed on call arrangements with the registered manager and homecare manager who confirmed that the on call arrangements outside of office hours do not cover all designated working times and there is no on call service between 5.00pm and 6.00pm and after 11.00pm and between 7.00am and 9.00am. The inspector was advised that this matter has been discussed within HSC Trust and future new employee contracts may help address this deficit.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed (see the comments above). The inspector noted the positive comments made by service users during their reviews:

- “It’s lovely to see the girls coming in”
- “Staff treat me well they are all very good”
- “The girls are first class”
- “I’m always pleased to see the staff”
- “The girls could do no better”
- “I can’t complain, the staff are always pleasant.”

Is Care Effective?

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carer’s timekeeping and they are usually not contacted by the agency if their carer has been significantly delayed. One relative advised that they had experienced a missed call from the agency.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting where calls are running late or may be missed. They discussed communicating such matters with service users and with the office management.

The manager discussed how carers work in teams within localities and described recent unprecedented levels of staff sickness which required managers to rearrange training sessions and prioritise ensuring service user calls had been made.

The inspector examined staff rotas for weeks ending 26/2/16, 4/3/16 and 11/3/16 and was satisfied that the agency had taken appropriate steps to manage staffing resources to meet service user needs.

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits, telephone calls or surveys from the agency.

Is Care Compassionate?

During UCO contacts, one concern was raised regarding the length of calls; one of the people interviewed felt that care was being rushed. The above comments made were discussed with the registered manager. Records examined by the inspector did show evidence of service being provided in a person centred manner and in line with individual care plans. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Areas for Improvement

No areas for improvement were identified regarding this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

Complaints:

The agency returned to RQIA a summary of any complaints received between 1 January 2014 and 31 March 2015. The agency had received no complaints during this period.

Quality Monitoring:

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of quality monitoring and service improvement. The inspector noted comments by service users and has stated them in the body of this report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

6.0 No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Elaine Calvert	Date Completed	03.03.2016
Registered Person	Dr Tony Stevens Una Cuning	Date Approved	04.03.2016
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	7/3/16

Please provide any additional comments or observations you may wish to make below:

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