

Unannounced Care Inspection Report 18 May 2018



Jackie's Domiciliary Care

Type of Service: Domiciliary Care Agency
Address: 28 Moor Road, Coalisland, Tyrone, BT71 6HF
Tel No: 028 8772 3808
Inspector: Aveen Donnelly

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

Jackie's Domiciliary Care is a domiciliary care agency based in Coalisland. The agency provides a range of personal care services to 60 people living in their own homes. Service users have a range of needs including those associated with frailty and dementia. Services provided include personal care, medication support and meal provision. Services are commissioned by the Northern Health and Social Care Trust and the Southern Health and Social Care Trust.

3.0 Service details

Organisation/Registered Provider: Guardian Day Care and Residential Care Mrs Jacqueline Ryan	Registered Manager: Mrs Jacqueline Ryan
Person in charge at the time of inspection: Mrs Jacqueline Ryan	Date manager registered: 08 June 2009

4.0 Inspection summary

An unannounced inspection took place on 18 May 2018 from 10.00 to 16.15 hours.

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

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding and risk management. Care records were generally well maintained. Communication between service users, agency staff and other key stakeholders was well maintained. The culture and ethos of care in the agency, generally promoted treating service users with dignity and respect, where service users and their representatives were listened to and valued. There were good governance and management arrangements in relation to the day to day operations of the service.

Areas for improvement were identified in relation to the storage arrangements of archived records and in relation to the annual quality report, which required further development.

Service users and relatives consulted with indicated that they were generally happy with the care and support 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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Ryan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 21 September 2017

As a result of the care inspection on 21 September 2017, RQIA were concerned regarding the lack of sustained compliance with Regulation 13 (a) and (d).

In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was held with the registered person at RQIA's office on 9 October 2017. At the meeting the registered person provided RQIA with a written action plan outlining what actions they had taken to date and would take in the future to address RQIA's concerns. After consideration of documentation presented at the meeting and assurances provided by the registered person, RQIA decided not to take further action.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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 reports
- record of notifiable events submitted from the last care inspection
- all correspondence received by RQIA since the previous inspection

During the inspection the inspector spoke with the manager, three care staff, two service users, eight relatives and one Health and Social Care (HSC) representative. 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 give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Staff feedback is included in the report.

The following records were examined during the inspection:

- three staff recruitment records
- staff induction and supervision records
- staff training records for 2016/2017
- records relating to adult safeguarding
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- daily logs returned from the service users' homes
- four service user records regarding review, assessment, care planning and quality monitoring
- RQIA registration certificate
- a selection of policies and procedures
- complaints and compliments records
- service user guide/agreements
- statement of purpose
- monthly quality monitoring reports.

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

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 most recent inspection dated 21 September 2017

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 21 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 and Schedule 3 Stated: Second time	The registered provider shall ensure that no domiciliary care worker is supplied by the agency unless – (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. (Regarding employer references)	Met
	Action taken as confirmed during the inspection: Three recruitment records were reviewed, relating to recently appointed staff, which confirmed that pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3.	

Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.10 Stated: Second time	Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary. (Regarding staff quality monitoring, service user quality monitoring and the management of missed or late calls)	Met
	Action taken as confirmed during the inspection: Discussion with service users' representatives confirmed that there had been no missed calls from the last inspection. A review of the service user records confirmed that service user monitoring was undertaken on a regular basis. The review of the staff personnel records confirmed that staff were monitored in keeping with the policies and procedures.	
Area for improvement 2 Ref: Standard 5.6 Stated: Second time	All records are legible, accurate, up to date and signed and dated by the person making the entry. (Regarding the records maintained in the homes of service users)	Met
	Action taken as confirmed during the inspection: A review of care records identified that they were maintained in line with best practice.	

6.3 Inspection findings

6.4 Is care safe?

The agency's registered premises are located at 28 Moor Road, Coalisland and were suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of three team leaders and a number of domiciliary care staff. The agency's staffing arrangements were discussed and the inspector was advised that there were sufficient staff employed, to meet the current level of care provision. No concerns were raised in relation to the staffing provision.

Three recruitment records were reviewed, relating to recently appointed staff, which confirmed that pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. There was a system in place to ensure that all staff were registered with NISCC and to identify when staff are due to renew their registrations.

A review of records confirmed that all staff, had received a structured induction programme in line with the timescales outlined within the regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance. Staff consulted with confirmed that this included mentoring through formal supervision meetings and observation of practice.

A review of the training records confirmed that training had been provided in all mandatory areas. Additional training in areas such as complaints management, epilepsy and sensory awareness had also been provided.

Staff spoken with were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. Discussion with the manager and a review of records evidenced that safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the registered manager holds this responsibility and ensures that the agency's safeguarding activity is in accordance with the regional policy and procedures.

A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols.

Records confirmed that Trust risk assessment and care plans were in place.

The inspector observed the records management arrangements within the agency, in respect of archived records, and concluded that the current arrangements were not appropriate to ensure that data protection measures were being maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and training, adult safeguarding and risk management.

Areas for improvement

An area for improvement related to staff the secure storage arrangements of archived records.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The inspector examined four service users' care records and found these to be detailed and reflective of the service users' preferences.

The manager advised that care reviews with the HSC Trust representatives were held annually or as required and that agency staff were rarely invited. The review of the care records identified that the care review notes were not consistently in place. This was discussed with the manager, who agreed to follow this matter up with care management. The records reviewed identified that Trust risk assessments and care plans were in place and reflected the contracted level of care, as outlined in the timetable of care.

Service User Agreements were consistently provided to service users within the required timescale.

The manager described the quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. As discussed in section 4.2, the review of the daily records returned from the service users' homes, identified that they were well maintained. There was also evidence that the records had been audited regularly.

Quality monitoring reports indicated consultation with a range of service users, relatives and HSC Trust representatives.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. Staff consulted with stated that they felt that there was effective communication between all grades of staff.

Areas of good practice

There were examples of good practice found in relation to the review of care needs and the agency's engagement with the service users.

Areas for improvement

No areas for improvement were made in this domain 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 service users and relatives spoken with advised that carers treated them with dignity and respect, and that care had not been rushed.

The agency carried out service user quality monitoring on an ongoing basis through home visits, telephone contact and monthly monitoring visits and reports which specifically ascertained and included the views of the service users and their representatives. Records reviewed during inspection support ongoing review of service users' needs.

Observation of staff practice carried out within service users' homes on a regular basis was confirmed during inspection through records viewed in the agency office. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks and this was confirmed by the manager.

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

A review of the compliments records evidenced that the staff treated service users with respect and dignity. Staff had been praised for 'the excellent care provided' and how they 'go above and beyond in the care given'.

During the inspection, the inspector spoke with three staff members, two service users, eight relatives and two HSC representatives. Some comments received are detailed below:

Staff

- "The care is excellent, everything is alright."
- "It is fantastic."
- "I am getting on the very best."

Service users

- "I do not know where she gets the excellent girls".
- "They are excellent".

Relatives

- "The care is great, no complaints at all, they are very good."
- "Everything is ok"
- "Everything is going well, the girls are good and light hearted too."
- "They are great, brilliant, nice and generally on time."
- "I have no concerns at all, very happy."
- "No significant problems, the staff are very good, professional and courteous, we appreciate all the support and really couldn't do without them."

Trust Representatives

- “I have no issues with the package of care provided.”

One staff member responded to the staff survey, indicating that they were ‘very satisfied’ that the care was safe, effective and compassionate and that the agency was being well-led. No written comments were received.

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. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified in this domain 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.

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.

The organisational and management structure of the agency were outlined in the Statement of Purpose; it details lines of accountability. Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities.

The staffing roster was reviewed and although it reflected that there was adequate staff in place, to meet the service users’ needs, the roster itself did not record the full names of the staff on the roster. Advice was given to the manager in this regard and this will be monitored at future inspection.

The agency had a range of policies and procedures in place that were reviewed in line with the minimum standards.

There was a process in place to ensure that complaints were managed in line with the legislation and minimum standards. The inspector acknowledged that there was a low rate of complaints received by the agency.

All those the inspector spoke with stated that they were confident that staff/management would appropriately manage any concern raised by them.

The review of incidents and complaints records identified that notifiable events were reported to RQIA in line with the regulations.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of service users. The agency collected equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011.

The annual quality review report for 2017 was reviewed. Although the report included feedback from stakeholders in relation to the quality of care provided by the agency, the content was limited to the results of the stakeholder feedback and there was no evidence that the annual report had either been summarised or shared with the service users and/or their representatives. Advice was also given in relation to including other quality monitoring processes, including monthly quality monitoring processes and quality improvement initiatives that may have been implemented, that should be included in the report. This has been identified as an area for improvement.

The staff members consulted with indicated that the manager was supportive and approachable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with key stakeholders.

Areas for improvement

An area for improvement related to the annual quality report.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Ryan, 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/or 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 21(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2018</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (a) kept up to date, in good order and in a secure manner.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Record storage has been reviewed and all records are now stored in a secure manner.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2018</p>	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>A summary of the report must also be shared with service users and/or their representatives and records retained to evidence that this has been done.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A summary of the report will be shared with service users and records retained to evidence that this has been done.</p>

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



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