

# Unannounced Care Inspection Report 2 April 2019



## Jackie's Domiciliary Care

**Type of Service: Domiciliary Care Agency**  
**Address: 28 Moor Road, Coalisland, Tyrone, BT71 6HF**  
**Tel No: 028 8774 7254**  
**Inspector: Aveen Donnelly**

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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 which provides care to people living in the Coalisland, Dungannon and Cookstown areas. The agency provides a range of personal care services to 80 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 (HSC).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Guardian Day Care and Residential Care  <b>Responsible Individual:</b> Mrs Jacqueline Ryan	<b>Registered Manager:</b> Mrs Jacqueline Ryan
<b>Person in charge at the time of inspection:</b> Mrs Jacqueline Ryan	<b>Date manager registered:</b> 8 June 2009

### 4.0 Inspection summary

An announced inspection took place on 2 April 2019 2019 from 09.00 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 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 recruitment, training, supervision and adult safeguarding. Service user' monitoring was undertaken on a regular basis and there was evidence of good practice in relation to the agency's engagement with the service users. There were examples of good practice identified in relation to the provision of compassionate care. There were a range of good governance and management arrangements in place in relation to the day to day operations of the service.

An area for improvement was identified in relation to the need for working practices to be systematically audited.

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
<b>Total number of areas for improvement</b>	0	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 the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 18 May 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 May 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 reports
- record of notifiable events submitted to RQIA since the previous care inspection
- all correspondence received by RQIA since the previous inspection

The following records were examined during the inspection:

- two staff recruitment records
- two staff induction records
- staff supervision, appraisal and training records
- records of spot checks on staff practice
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- accident/incident records and adult safeguarding records
- four service user records regarding review, assessment, care planning and quality monitoring
- daily logs returned from two service users' homes
- RQIA registration certificate
- service user guide/agreements
- statement of purpose
- monthly quality monitoring reports
- annual quality assurance report 2018.

During the inspection process the inspector spoke with the manager, the team leader, four care staff, one service user, seven relatives and two Health and Social Care (HSC) Trust' representatives.

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. No staff completed the survey prior to the issuing of the report.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received prior to the issuing of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 18 May 2018**

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 dated 18 May 2018**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> Ref: Regulation 21(1)(a) Stated: First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that suitable arrangements were in place for the storage of archived records.	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> Ref: Standard 8.12 Stated: First time	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.	<b>Met</b>
	<b>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.</b>	
	<b>Action taken as confirmed during the inspection:</b> The review of the annual quality report and summary confirmed that this area for improvement had been met.	

## 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.**

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of one team leader and a team of 35 care staff. The agency's staffing arrangements were discussed and the manager advised that they felt there were sufficient staff employed, to meet the current level of care provision. Whilst the majority of relatives consulted with indicated that there were no issues in relation to the provision of care, one relative said that the care was generally rushed and that they felt, that the staff were consistently under time constraints. The review of the care records further supported this and whilst there were no missed calls evident within the records reviewed, calls were noted to be shorter than what was directed by the service users' care plan. This matter is further discussed in section 6.5.

A review of two recruitment records identified that the required checks had been undertaken in keeping with regulation. However, discussion took place with regards to one reference, which did not include sufficient detail, for the manager to be able to assess the staff members' suitability for the role. Advice was given in relation to seeking the second previous employer reference, should this occur again.

The agency had in place a statement by the manager that individual staff were physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3.

Discussion with the manager and a review of the records confirmed that all staff had received a structured induction programme in line with the timescales outlined within the regulations. Advice was given in relation to clearly recording the dates of each topic covered, rather than signing off the overall document.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. An electronic system was in place, which ensured good management oversight of when staff were due to have observations of their practice, formal supervision and appraisals.

Training was monitored by the manager, to ensure all staff were compliant with the mandatory training requirements. The manager advised that additional training would be provided to relevant staff, depending on the needs of the service users.

Discussion with the manager evidenced and the review of records confirmed that any 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 manager holds this responsibility and ensures that the agency's safeguarding activity is in accordance with the regional policy and procedures. The inspector was advised that there had been no incidents referred to adult safeguarding since the date of the last inspection. An annual safeguarding position report had been completed.



A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

The inspector observed the records management arrangements within the agency, in respect of archived records, and concluded that the current arrangements were 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, training, supervision and adult safeguarding.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<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 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’ needs. Service User Agreements were generally provided to service users within the required timescale. Risk assessments and care plans were in place and noted to be up to date.

However the review of the daily log entries pertaining to two of the care records reviewed identified that the calls provided were consistently shorter than that outlined in their care plans. This was discussed with the manager who agreed to liaise with the relevant Trust’ representatives in this regard. The review of the daily logs also identified issues in relation to the standard of record keeping. This related particularly to legibility of hand writing and the use of coloured pen. Although there was evidence that the manager had audited the records, it was evident that the system for auditing returned daily logs, requires to be further developed, to that these matters are identified and appropriate action is taken in a timely manner. An area for improvement has been made in this regard.

The manager advised that agency staff were not routinely invited to care reviews with the HSC Trust representatives, but that they received updates, following the annual care review meetings. The agency undertook their own annual reviews with service users and these were generally noted to be completed in line with the agency’s policy and procedures.

There were quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users and relatives. The review of quality monitoring reports and the annual quality report indicated consultation with a range of service users, relatives, staff and HSC Trust' representatives. Recorded comments are detailed below:

### **Service users**

- "I love to see the girls coming."
- "Good care provided."
- "Regular contact with senior staff at reviews."
- "I find the girls very helpful."

### **Staff**

- "There is good teamwork within Jackie's."
- "Love the wee clients."
- "I love the variety of the job."
- "I enjoy working as part of a team."

### **Representatives**

- "There is a good quality of care provided."
- "I am happy with the care provided."
- "Nice, friendly staff."
- "The care is sometimes rushed to fit in all the clients."
- "Very happy with the service provided."

### **HSC Trust' representatives**

- "The manager and staff are available when needed."
- "Service users are happy with the care provided."
- "Excellent care services provided."
- "No concerns, referrals are made when necessary."
- "Care staff behave very responsibly."
- "The quality of the care is excellent."

The inspector reviewed the agency's systems to promote effective communication between staff, service users and relevant stakeholders. Discussions with representatives of the service users indicated that staff communicated appropriately.

It was identified that the agency facilitates regular staff' meetings and records were retained for staff that were unable to attend.

### **Areas of good practice**

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



## Areas for improvement

An area for improvement was identified in relation to the need for working practices to be systematically audited.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 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 the people supported with dignity, respect and compassion.

Documentation viewed indicated that the agency has effective systems in place to record comments made by the service users and/or their representatives.

During the inspection process the inspector spoke with the manager, the team leader, four care staff, one service user, seven relatives and two Health and Social Care (HSC) Trust' representatives. All staff spoken with indicated that they had no concerns in relation to the care and support provided. Other comments from the consultation process are detailed below:

#### Service users

- "The girls are fine, I have no concerns about them, although there is a high turnover of staff."

One service user spoken with was unhappy in relation to the timing of calls. With their permission, this matter was relayed to the manager, who agreed to address the matter.

#### Representatives

- "I have no problems, no concerns at all, the girls have been great and I couldn't have done without them."
- "When I raised things in the past, they were resolved."
- "Nothing to say, I am happy enough, they are one hundred percent."
- "I have no concerns, no bothers at all with them."
- "I am very happy with them, cannot say a bad word about them."
- "They are dead on."

#### HSC Trust' Representatives

- "Everything is fine."
- "I have no concerns."

#### Areas of good practice

There were examples of good practice identified in relation to the provision of compassionate care and engagement with the service users and other relevant stakeholders.

## Areas for improvement

No areas for improvement were identified in this domain 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.**

The organisational and management structure of the agency were outlined in the Statement of Purpose and Service User Guide; they detail lines of accountability. Advice was given in relation to the need to include details of the Patient Client Council in these documents. Following the inspection the manager confirmed to RQIA on 18 April 2019 that this had been addressed.

The agency had a range of policies and procedures in place that were reviewed in line with the minimum standards. All policies were available in hard copy for the staff to access.

There was a process in place to ensure that complaints were managed in line with the legislation and minimum standards. The review of the complaints records noted that any issues raised had been managed appropriately. All those consulted with confirmed that they were aware of whom they should contact if they had any concerns regarding the service.

There was a system in place to ensure that all staff were registered with NISCC, however deficits were identified in relation to the system in place. The manager agreed to review the current template and confirmed to RQIA on 11 April 2019 that this matter had been addressed.

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 registration certificate was up to date and displayed appropriately.

## Areas of good practice

There were a range of good governance and management arrangements in place in relation to the day to day operations of the service.

## Areas for improvement

No areas for improvement were identified in this domain during the inspection.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action is taken when necessary.</p> <p><b>This relates specifically to the auditing of daily log records, in light of poor record keeping standards and in relation to calls being shorter than planned.</b></p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Working practices have been reviewed and a more detailed audit sheet developed. A meeting has been held with staff regarding daily logs and poor record keeping and the reporting of short visits. Regular reviews will continue with Service Users for feedback and observation of daily logs.</p>

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



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