

Unannounced Care Inspection Report 07 December 2017



Link Community Care

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Inspector: Caroline Rix

User Consultation Officer: Clair McConnell

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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

Link Community Care is a domiciliary care agency based in Lisburn which provides a range of personal care services, social support and sitting services to people living in their own homes within the greater Lisburn area. Their service users are mostly older people and those with physical disabilities, learning disabilities and mental health care needs. The South Eastern Health and Social Care Trust (HSC Trust) commission their services.

3.0 Service details

Registered organisation / registered person: Link Community Care Ltd/ Harry George Loney and Beverley Ann Loney	Registered manager: Beverley Ann Loney
Person in charge of the agency at the time of inspection: Beverley Ann Loney	Date manager registered: 10 March 2014

4.0 Inspection summary

An unannounced inspection took place on 7 December 2017 from 09.30 to 15.30 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, families and staff during the course of the inspection was positive.

Service users and families communicated with by the User Consultation Officer (UCO), presented a range of positive feedback regarding the service provided by Link Community Care agency in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the registered person/manager following the inspection.

The findings of this report will provide the registered person/manager Beverley Loney 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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Beverley Loney the registered person/ 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 14 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 June 2016.

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 events for 2016/2017
- All communication with the agency

Following the inspection the User Consultation Officer (UCO) spoke with one service user and four relatives, by telephone, on 28 December 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

During the inspection the inspector spoke with two care staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

At the request of the inspector, the registered person/manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Two completed surveys were returned to RQIA and feedback is included within the body of this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting.
- Statement of purpose.
- Service user guide.
- Four service users' records regarding referrals and care planning.
- Four service users' records regarding ongoing review, and quality monitoring.
- Daily logs returned from service users' homes.
- Two new staff member's recruitment and induction records.
- Two long term staff members' supervision and appraisal records.

- Staff training records.
- Staff NISCC registration and renewal of registration processes.
- Monthly monitoring reports for September to November 2017
- Annual quality report for 2016
- Communication records with HSCT professionals.
- A range of compliments records.
- Complaints records.
- A range of incident records.

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 registered person/manager Beverley Loney at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 June 2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 14 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 Schedule 3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless –</p> <p>(a)he is of integrity and good character;</p> <p>(b)he has the experience and skills necessary for the work that he is to perform;</p> <p>(c)he is physically and mentally fit for the purposes of the work which he is to perform; and</p> <p>(d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The inspector reviewed staff recruitment records and found that the registered person/manager had obtained full and satisfactory information for each domiciliary care worker supplied by the agency.</p>	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards		Validation of compliance
<p>Area for improvement 1 Ref: Standard 8.11 Stated: Second time</p>	<p>The monthly monitoring report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed the monthly monitoring reports for September to November 2017. These reports evidenced that the views of service users and/or their carers/representatives had been included as part of the quality monitoring of service provided in accordance with minimum standards.</p>	
<p>Area for improvement 2 Ref: Standard 12.3. Stated: First time</p>	<p>Mandatory training requirements are met.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed the staff training records and confirmed that all staff had been provided with mandatory training as required.</p>	
<p>Area for improvement 3 Ref: Standard 8.10. Stated: First time</p>	<p>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 in line with the agency policy timeframes and review of staff recording practices).</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed the staff supervision, monitoring and on-going direct observation processes. Records viewed confirmed a system was in place to monitor working practices, including record keeping, in line with the agency policy timeframes.</p>	

Area for improvement 4 Ref: Standard 8.2. Stated: First time	The registered manager ensures the agency delivers services effectively on a day to day basis (regarding service user quality monitoring in line with the agency policy timeframes).	Met
	Action taken as confirmed during the inspection: The inspector confirmed that service user quality monitoring visits and contacts have been maintained in line with their revised procedure timeframes.	
Area for improvement 5 Ref: Standard 3.5 Stated: First time	The service user is informed of the names of the staff coming to his or her home prior to the service commencing.	Met
	Action taken as confirmed during the inspection: The inspector reviewed evidence that service users had been informed of the names of the staff coming to his or her home prior to the service commencing.	
Area for improvement 6 Ref: Standard 9.5. Stated: First time	Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.	Met
	Action taken as confirmed during the inspection: The inspector review evidence that the policies and procedures had been reviewed in July 2016. The registered person/manager confirmed their policies and procedures are scheduled for three yearly reviews as part of a rolling programme.	

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 Link Community Care. 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 management of medication. 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:

- "It gives me peace of mind that someone calls with XXX."
- "No complaints at all."
- "If anything is wrong, they let me know."

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Two files were reviewed relating to recently appointed staff, which confirmed all the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. An induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. These staff files supported an induction process lasting more than three days as required. Staff spoken with during inspection confirmed they had received full induction training.

The inspector noted that arrangements are in place to ensure that staffs are registered as appropriate with the relevant regulatory body. The majority of staff is registered with The Northern Ireland Social Care Council (NISCC). Documentation in place indicated that the remaining staff have submitted their application and are awaiting their registration certificates. The registered person/manager discussed the system introduced to identify when staff are due to renew registration.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'.

The registered person/manager is named as the agency’s Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The inspector was advised that the agency has had a number of potential safeguarding matters reported since the previous inspection; discussion with the registered person/manager supported appropriate knowledge in addressing matters when they arise and all had been appropriately notified to RQIA. A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency’s policies and procedures.

The agency’s whistleblowing policy and procedure was found to be satisfactory. The staff interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse, and described their role in relation to reporting poor practice.

Staff training records viewed for 2016/2017 confirmed all care workers had completed the required mandatory update training programme. Records reviewed and staff feedback indicated that staff had attended a range of training necessary to meet the needs of their service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including; dementia awareness. Staff spoken with during the inspection confirmed the availability of ongoing update training alongside supervision and appraisal processes and quality monitoring within service users homes. Staff surveys returned indicated that they were satisfied that service users are safe and protected from harm.

The agency’s registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and 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, induction and training. Adult safeguarding had been appropriately managed and ongoing review of service user’s care and support was evident.

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 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. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Link Community Care were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place as well as questionnaires from the agency to obtain their views on the service.

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

- “Staff in the office are very helpful.”
- “Very accommodating.”
- “Absolutely no issues.”

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The care plans and risk assessments contained detailed information and evidenced that service users’ and/or relatives’ views had been obtained and where possible, incorporated.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met along with regular monitoring visits. The registered person/manager confirmed that they are usually invited to attend or contribute in writing to the trust arranged care review meetings with service users/relatives.

The records evidenced that an amendment form from the trust detailing any agreed change to the original care plan had been provided. Ongoing communications with trust professionals was found to be an integral part of this ongoing review process and this was evident during inspection.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans.

The agency’s policies and procedures on ‘record keeping’ and ‘confidentiality’ were viewed and found to contain clear guidance for staff. The inspector reviewed a sample of completed daily log records returned from service users’ homes. These records confirmed audits of recording practice had been carried out by senior staff, with no practice issues identified. The registered person/manager explained that they had identified some staff recording practice issues previously, which had been appropriately managed, and have recently revised their daily log recording documentation, and staffs have been provided with this guidance.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users’ needs were identified. Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user’s home. Staff surveys returned indicated that overall they were satisfied that care delivered to service users is effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, 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.

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

- “We enjoyed them coming. XXX liked having a joke with them.”
- “Wouldn’t want to lose XXX.”
- “They’ll do anything I want help with.”

The agency implements service user quality monitoring practices on an ongoing basis through home visits and their 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 a regular basis was confirmed through records viewed in the agency office and discussions with staff. Records highlighted no concerns regarding staff practice during spot checks/monitoring visits and this was confirmed by the registered person/manager. The registered person/manager regularly works as part of the hands on care delivery team, and she described how positive feedback from service users and relatives are shared with individual care workers and teams

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.

The agency’s compliments records were viewed; these contained extremely positive feedback from service users’ relatives which had been shared with staff individually and with teams. Compliments reviewed during inspection provided the following information in support of compassionate care:

- “We would like, along with xxx, to thank you all for your kindness and care. You will never know what a blessing your skills have been to our lives, giving xxx a happy routine, and her family great peace of mind. We could not have had better carers. XXX is settling very well into the home.” (Thank you card from relative of a service user).
- “Thanks to all the carers, XXX always spoke warmly of you all and was happy to see you coming. XXX just loved the chat and the friendships when well enough to enjoy good times. Thank you for your patience in the difficult times and your care on a daily basis, you were there for XXX at the most vulnerable part of her life.” (Thank you letter from family of a late service user).
- “I am dropping you a line to advise that during two recent monitoring visits both clients praised the work of your carers. XXX also mentioned the excellent communication he receives from Link when there are unexpected changes. Thank you very much.” (Feedback from HSC trust care manager).

Staff surveys returned indicated that overall they were satisfied that service users are treated with compassion.

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 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 complaints had been made

regarding the service or management of the agency and the UCO was advised that the office staff are very approachable if support is required.

The RQIA registration certificate was up to date and displayed appropriately. The organisational and management structure of the agency are outlined in the Statement of Purpose; it details lines of accountability. Discussion with the registered person/manager, and care workers interviewed, indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format and available in hard copy manuals. Staff described how they access the agency's policies and procedures. A range of the agency's policies viewed by the inspectors were noted to have been reviewed and updated in line with the domiciliary care agency minimum standards. The registered person/manager confirmed their policies and procedures are scheduled for three yearly reviews as part of a rolling programme.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Staff members interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

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.

The complaints log was viewed for the period 01 April 2016 to inspection date 07 December 2017 with one complaint recorded. The inspector reviewed the complaint record which supported appropriate management, review and resolution of the complaint. The registered person/manager often works as part of the hands on care delivery team, and she described how any minor issues identified were immediately addressed with service users.

Monthly monitoring reports were viewed for September to November 2017. These reports evidenced that the registered person had been monitoring the quality of service provided in accordance with minimum standards. Each report contained a summary of service user and staff monitoring feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed.

The annual quality review report for 2016 viewed had been completed with a summary of feedback completed. Review of the 2016 annual report confirmed satisfaction with the service being provided. Records were available to confirm that a summary of this report had been shared with service users in February 2017. The annual review report contents were discussed with the registered person/manager during inspection. Their annual review for 2017 has been expanded, with feedback now obtained from service users, staff and trust representatives; this information is currently being collated into their 2017 annual report.

The care staff spoken with during inspection indicated that they felt supported by their manager and senior team. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff surveys returned indicated that overall they were satisfied that the service is managed and well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships with all key stakeholders.

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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