

Unannounced Care Inspection Report 13 December 2018



Type of service: Domiciliary Care Agency
Address: First Floor, 3 Church Street, Newtownards, BT23 4AN
Tel no: 02891828921
Inspector: Caroline Rix
User Consultation Officer: Clair McConnell

www.rqia.org.uk

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

Peninsula Care Services is a domiciliary care agency based in Newtownards. The agency provides personal care, social support, domestic help and sitting services to people living in their own homes in the Ards Peninsula and North Down areas. The services are provided to mostly older people along with those who have physical disabilities and mental health care needs. The South Eastern Health and Social Care Trust (HSC Trust) commissions the majority of these services with a small number of self-funded services provided.

3.0 Service details

Organisation/Registered Provider: Peninsula Care Services	Registered Manager: Doreen Bingham
Responsible Individual: Jonathan Cook	
Person in charge at the time of inspection: Doreen Bingham	Date manager registered: 01 June 2015

4.0 Inspection summary

An unannounced inspection took place on 13 December 2018 from 10.00 to 15.50 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 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 service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff.

Service users and families communicated with by the User Consultation Officer (UCO), presented a range of feedback regarding the service provided by Peninsula Care in regards to safe, effective, compassionate and well led care.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Doreen Bingham the 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 February 2018

No further actions were required to be taken following the most recent inspection on 14 February 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 for 2017/2018
- All communications with RQIA.

During the inspection the inspector spoke with the responsible person, the registered manager Doreen Bingham and three care workers. Their feedback has been included throughout this report.

As part of the inspection the User Consultation Officer (UCO) spoke with five service users and two relatives, by telephone, on 21 December 2018 to obtain their views of the service. The service users interviewed receive the following assistance from the agency:

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

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

At the request of the inspector, the 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. At the time of issuing this report no staff surveys had been returned to RQIA.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records
- Two staff induction records
- Three staff supervision records
- Two staff appraisal records
- Three staff training records

- Staff training matrix
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Three service users' records regarding referrals, reviews and quality monitoring
- Three monthly monitoring reports
- Annual quality review report for 2017
- Notification and incident records
- Complaints log and records
- Compliments log and records.

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 14 February 2018

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 February 2018

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 agency's registered premises are located in Newtownards and are suitable for the purposes of the agency.

At the time of the inspection, the agency has a manager in post, who manages the agency with the support of an assistant manager, two care coordinators, a senior care worker and a team of domiciliary care workers. No concerns were raised in relation to the staffing provision. 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.

The UCO was advised by all of the service users and relatives spoken with that there were no concerns regarding the safety of care being provided by Peninsula Care. Care is provided by teams of consistent carers; however any new carers are usually introduced by a regular member of staff. Confirmation was also received that carers are aware of the service user's care needs.

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.

Documentation viewed by the inspector indicated that there is a clear recruitment system in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes. The inspector examined a sample of three staff personnel records; documentation viewed included details of the recruitment processes and evidenced that pre-employment checks had been completed in line with the required regulations.

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered or have applied to be registered with the Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staff are due to renew registration with NISCC.

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. Records confirmed that staff had support, through formal supervision meetings, and spot checks on their practice. An electronic system was in place, which ensured good management oversight of when staff was due to have formal supervisions.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling skills and management of medication. All of the service users and relatives 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:

- "Never had any bother with any of them."
- "I would give them 10 out of 10."
- "They've become like part of the family."

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 agency has identified their Adult Safeguarding champion with key responsibilities detailed in their procedure in line with the required guidance. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staffs 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 evidenced that safeguarding incidents had been managed appropriately in accordance with the regional policy and procedures.

Records reviewed confirmed that risk assessments were completed for each service user and were reviewed on at least an annual basis.

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 and training, adult safeguarding and risk management.

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 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 UCO was informed by the service users and relatives that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives also advised that they had not experienced any missed calls from the agency.

No issues regarding communication between the service users, relatives and staff from Peninsula Care 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. Some of the service users and relatives interviewed were also able to confirm that they had received a questionnaire from the agency.

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

- "The consistency is great. XXX is less embarrassed as they know each other now."
- "I can be anxious with strangers. The agency is very understanding and only sends two carers."
- "The office staff are very helpful."

The inspector examined three service users' care records. The care plans and risk assessments had been confirmed during their initial service visits and contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated. The care plans reviewed by the inspector were up to date, and clearly detailed the service users' needs and how the service user wished for these to be met. Service User Agreements were consistently provided to service users within the required timescale.

There were quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. The review of the daily records returned from the service users' homes, identified that they were well maintained.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

Records indicated that a number of service user calls had been missed during 2018, however, this area had been effectively addressed with the relevant staff members and the HSC trust notified as required.

The inspector confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed, no staff practice issues were identified for improvement; records detailed observation of manual handling practices along with a variety of other tasks. It was good to note positive comments from service users had been recorded on the monitoring records.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. The manager advised that care reviews with the HSC Trust representatives were held annually or as required and that agency staff attended when invited.

Staff spoken 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 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.

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.

The agency carried out service user quality monitoring on an ongoing basis to specifically ascertain and include the views of the service users and their representatives. Records reviewed during inspection support ongoing review of service users' needs.

All of the service users and relatives spoken with 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 Peninsula Care. Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t get better carers.”
- “They’re very helpful and friendly.”
- “Great girls.”

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect.

Staff members commented during the inspection:

- “I love my job. I know it is very important that the same staff visit as it helps service users relax. We have built up trust and know how they like things done.”
- “I really enjoy my work; we have a good team. It is so rewarding knowing I am helping people to stay in their own homes. It is lovely to see a service user smile when I return from days off; I get a big hug as they are pleased to see me.”
- “I love talking with the service users, laughing together and hearing their life stories. It is very sad when they pass away.”

The inspector reviewed the records of monitoring visits within the files sampled which confirmed these had been completed in line with their procedure timescale. A planning tool was viewed which detailed when each service user was due their next home visit and the date it had been completed. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Congratulations to you and your staff. Xxx (care worker) behaved in an exemplary fashion and went above and beyond the level of professionalism and skill expected of a person in her position. I have no doubt that her actions directly contributed to a positive outcome for my relative.’ (Letter from a service user’s family).
- ‘Thank you to the staff for all the help and care they gave xxx. Without them she couldn’t have stayed in her own home, where she wanted to be. She just loved being in her own surroundings and looked forward to seeing the girls every day. Everyone was so kind and good to her, I knew she was being well looked after.’(Email from family of a late service user).
- ‘I thank the team of staff who care for my xxx. They are all kind, friendly; nothing is too much bother to them. I don’t know how I would cope without them, all are amazing.’(Thank you feedback via trust care manager following care review meeting with service user and family).

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.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance have been established and implemented at the agency.

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

A range of policies viewed by the inspector were noted to have been reviewed and updated where necessary in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained in a paper format within the office and on an electronic system.

All of the service users and relatives spoken with by the UCO 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 discussions.

The agency has team meetings in which opportunities were given to share information and learning. The minutes of recent meetings viewed detailed effective communications within the team.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey.

The inspector noted the variety of feedback received by the agency following their annual quality review in December 2017. The inspector noted that the information collated during the annual survey was shared with service users, staff and HSC trusts during March 2018 and included actions being taken to address matters raised.

Monthly quality monitoring reports have been completed as required. These reports evidenced that the monitoring of the quality of service provided was being consistently maintained in accordance with minimum standards. Each report contained a summary of consultation with service users, their relatives, staff and other professionals and evidenced how any issues arising had been managed.

The reports also included details of a review of accidents, incidents, safeguarding reports, staffing arrangements, training undertaken and audits of documentation.

The agency maintains and implements a policy relating to complaints and compliments. The compliments reviewed are noted above within the compassionate section 6.6 of this report. The inspector noted a range of complaints had been received since the last inspection. Records reviewed confirmed that each was appropriately managed in accordance with the agency's policy, and where possible each matter had been resolved. Two of the complaints received had not been resolved, despite the agency's attempts and liaising with the HSC trust in regard to these matters.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and

responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

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.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care