

# Unannounced Care Inspection Report 14 February 2018



## Peninsula Care Services

**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.rgia.org.uk](http://www.rgia.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

<b>Registered organisation/registered person:</b> Peninsula Care Services/Jonathan Cook	<b>Registered manager:</b> Doreen Bingham
<b>Person in charge of the service at the time of inspection:</b> Doreen Bingham	<b>Date manager registered:</b> 01 June 2015

### 4.0 Inspection summary

An unannounced inspection took place on 14 February 2018 from 10.00 to 16.25 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.

Service users and families communicated with by the User Consultation Officer (UCO), presented a range of feedback regarding the service provided by Peninsula 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 manager during inspection.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jonathan Cook registered person and Doreen Bingham registered 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 9 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 January 2017.

## 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
- Notification of Incidents records
- Correspondence with RQIA
- User Consultation Officer (UCO) report

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and three relatives, by telephone, on 16 January 2018 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals

During the inspection the inspector spoke with four care workers to obtain their views of the service provided.

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, 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 meeting minutes
- Staff NISCC registration and renewal of registration processes
- Monthly monitoring reports for November 2017 to January 2018
- Annual quality review report 2016
- Communication records with HSCT professionals
- A range of compliments records
- A range of complaints records
- A range of incident records

The findings of the inspection were provided to Jonathan Cook registered person and Doreen Bingham registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 9 January 2017

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 9 January 2017

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
<b>Requirement 1</b> <b>Ref:</b> Regulation 15 (12)(b) <b>Stated:</b> First time	The procedure referred to in paragraph (6)(a) shall in particular provide for— (b) the Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person— (i) has reported the matter to the police; or (ii) is informed that the matter has been reported to the police.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the updated incident notification policy and procedure which was found to be satisfactory. The inspector confirmed that all matters which required notification to RQIA had been submitted within the specified timescale.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16(4)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that each employee receives appropriate supervision/quality monitoring.</p> <p>(regarding ongoing staff quality monitoring in line with the agency policy and procedure and staff quality monitoring in relation to safeguarding follow up)</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Records evidenced that staff quality monitoring had been carried out in line with their policy and procedure. The supervision and quality monitoring of staff following safeguarding matters had been reviewed and additional measures implemented.</p>		
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 23(2)</p> <p><b>Stated:</b> First time</p>	<p>At the request of the Regulations and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency –</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph(2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed that monthly monitoring reports had been submitted to</p>		

	RQIA. The content of these reports had been reviewed and found to be appropriately detailed.	
<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 9.5  <b>Stated:</b> First time	Policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction to new policies and procedures.  (Regarding policies relating to staff quality monitoring/supervision)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the updated policy and procedure manuals. The policies and procedures had been reviewed, updated where required, and ratified by the registered person, with an index of contents in line with the minimum standards.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> First time	The registered manager ensures the agency delivers services effectively on a day-to-day basis.  (Regarding service user quality monitoring and appropriate methods of service user contact)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that the agency had reviewed their quality monitoring procedure and restructured their care coordinators' role to include service user monitoring. The inspector viewed evidence that the reorganisation of service user contacts and monitoring visits has been effectively implemented.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 5.3  <b>Stated:</b> First time	There is guidance for care and support staff on the matters that need to be reported to the registered manager.  (regarding staff reporting matters in the appropriate timeframes)	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Records evidenced that staff had been provided with updated guidance on the matters that need to be reported to the registered manager and the timescales to follow. The inspector found evidence that staff had subsequently followed this guidance correctly.</p>	
<p><b>Recommendation 4</b> <b>Ref:</b> Standard 3.5 <b>Stated:</b> First time</p>	<p>The service user is informed of the names of the staff coming to his or her home prior to the service commencing.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Records viewed by the inspector evidenced that service users had been is informed of the names of the staff coming to his or her home prior to the service commencing.</p>	

### 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 Peninsula Care Agency. Care was being provided by a regular team of carers; this was felt to be beneficial. No issues regarding the carers' training were raised with the UCO; examples given included manual handling skills 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:

- "They let me know if anything is wrong."
- "Couldn't ask for better."
- "More than happy."

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.

The inspector noted that arrangements are in place to ensure that staffs are registered as appropriate with the relevant regulatory body. The records confirmed the majority of the staff are registered with The Northern Ireland Social Care Council (NISCC). The newly appointed staff are not yet registered but records evidenced that they have submitted their registration applications to NISCC. The manager discussed the system introduced to identify when staff are due to renew registration, which the inspector found to be satisfactory.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Protection of Adults at Risk' 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 manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

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 spoken with 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 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 and arthritis care. Staff spoken with during the inspection confirmed the availability of ongoing update training alongside supervision and appraisal processes and quality monitoring within service users own homes.

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.

	<b>Regulations</b>	<b>Standards</b>
<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 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. Two relatives interviewed also advised that they had experienced a small number of missed calls from the agency; some of which were due to extreme weather.

No issues regarding communication between the service users, relatives and staff from Peninsula Care Agency were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place to obtain their views on the service. No one was able to confirm that they had received a questionnaire from the agency. However, the inspector reviewed evidence that service user's views had been requested for 2016 and findings shared during February 2017.

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

- "Very happy with them."
- "No concerns at all."
- "The girls are all very nice."

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 agency care plans and risk assessments completed by staff during their initial service visits 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 contacts by phone or during monitoring visits. The care coordinators role had been expanded since the last inspection, with each having a specific geographical area for which they are responsible to monitor quality of services.

The manager indicated that they are not always invited to attend or contribute in writing to the trust arranged care review meetings with service users/relatives. The records did evidence that an amendment form from the trust detailing any agreed change to the original care plan had been provided.

Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

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 an audit of recording practice had been carried out by senior staff.

The inspector viewed one example where a staff member recording practice was found to be incomplete and records evidenced that this matter had been appropriately managed. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff spoken with 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; although it was stated that most service user homes have a coded keypad entry system in place.

The manager confirmed a small number of calls had been missed, as highlighted during relative's discussion with the UCO. The inspector reviewed records relating to the missed calls and found the matters had been appropriately addressed with the staff involved and feedback given to the service user's relatives.

**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
<b>Total number of areas for improvement</b>	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 or phone calls to ensure satisfaction with the care that has been provided by Peninsula Care Agency. Examples of some of the comments made by service users or their relatives are listed below:

- “The girls are fantastic.”
- “Look forward to them coming. They cheer me up.”
- “They’re very good to XXX.”

Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was generally supported during the UCO discussions with service users' and their families.

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 manager. The manager discussed the dedication of a care worker who walked to each service user during the recent heavy snow, as her car was unable to access the rural roads, a distance of over three miles.

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

The agency's compliments records were viewed; these contained 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:

- "Please pass on my thanks to xxx (care worker) for spotting and reporting the red spot on xxx's leg, doctor very pleased it was caught early and treatment has started ." (Email message from relative of a service user).
- "Thanks you so much to all the lovely girls who came to help xxx in her last weeks. We appreciate the kindness shown and the excellent care. She loved you all." (Thank you card from family of a late service user).
- "Compliments to xxx (care worker) who is very caring and compassionate to xxx. She thinks of ways to bring happiness to his life each day." (Thank you card from relative of a service user).

**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
<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 agency's RQIA registration certificate was up to date and displayed appropriately.

Under the direction of the registered manager, Doreen Bingham, two assistant managers, two care coordinators and a team of care workers provides domiciliary care and support services to people living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Discussion with the care workers 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 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 inspector were noted to have been reviewed and updated in line with the domiciliary care agency minimum standards and as recommended following the previous inspection. 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. One relative advised that they had complained regarding the care being provided by one member of staff.

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

The complaints and incidents log was viewed for the period 1 April 2016 to inspection date 14 February 2018 with a range of complaints and incidents recorded. The inspector reviewed a sample of complaints records which supported appropriate management, review and resolution of the complaints.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. The agency has had a number of safeguarding and notifiable events that required to be reported since their last inspection. The records evidenced that each matter has been reported and managed appropriately, in line with the commissioning HSC trust protocols.

Monthly monitoring reports were viewed for November 2017 to January 2018. 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/ complaints along with views of other professionals; and evidenced how any issues arising had been managed.

The annual quality review report for 2016/2017 viewed had been completed with a summary of feedback and an action plan. Records were available to confirm that a summary of this report had been shared with service users in February 2017.

The staff spoken with indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

**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
<b>Total number of areas for improvement</b>	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  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
🐦 @RQIANews