

# Unannounced Care Inspection Report 15 March 2019



## Cookstown Community Services

**Type of Service: Domiciliary Care Agency**

**Address: Ward 5 Thompson House Mid Ulster Hospital Site, 59  
Hospital Road, Magherafelt, BT45 5EX**

**Tel No: 02886723800**

**Inspector: Bridget Dougan**

[www.rqia.org.uk](http://www.rqia.org.uk)

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**

This is a domiciliary care agency which provides a range of personal care services to people living in their own homes. These service users are mostly older people but services are also provided to those with physical disabilities, learning disabilities, mental health care needs and children with disabilities.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Mrs Claire Appolonia O'Hare
<b>Person in charge at the time of inspection:</b> Mrs Roisin Kerr	<b>Date manager registered:</b> 1 April 2015

### 4.0 Inspection summary

An unannounced inspection took place on 15 March 2019 from 11.00 to 16.00.

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 staff induction, training, supervision and communication between service users/ their representatives and agency staff.

Areas requiring improvement were identified in relation to retaining evidence that pre-employment checks had been completed.

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 Roisin Kerr, deputy manager and with Claire O'Hare, manager by telephone following the inspection, 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 08 January 2018

No further actions were required to be taken following the most recent inspection on 08 January 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 correspondence received by RQIA since the previous inspection
- User consultation officer (UCO) report

The following records were examined during the inspection:

- three staff recruitment records
- three staff induction records
- two staff supervision and appraisal records
- staff training records for 2017/2018
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three service user records regarding, assessment, care planning, review and quality monitoring
- daily logs returned from the service users' homes
- RQIA registration certificate
- a selection of policies and procedures
- service user guide/agreements
- statement of purpose
- manager's service user audits
- monthly quality monitoring reports

During the inspection the inspector spoke with the deputy manager, a registered manager from another team, one homecare officer and two administration staff.

As part of the inspection CUO spoke with two service users and four relatives by telephone, on 22 February 2019 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with medication, personal care and meals.

One relative was unable to complete the interview but confirmed that they were happy with the care provided by the agency.

At the request of the inspector, the deputy 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 responses were received.

The findings of the inspection were provided to the deputy manager at the conclusion of the inspection and to the manager by telephone following the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 08 January 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 8 January 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.**

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

A sample of three staff personnel records was reviewed and it was unclear in two staff records, that all the required pre-employment checks had been satisfactorily completed in accordance with the regulations. Confirmation was obtained from the Trust Human Resources Department during the inspection that all the relevant pre-employment checks had been carried out. This was discussed with the manager following the inspection and it was agreed that the manager would retain within the staff records, any correspondence received from the Human Resources Department confirming that the relevant pre-employment checks had been completed.

The deputy manager confirmed all staff were registered with the NISCC. The deputy manager discussed the system in place to identify when staff were due to renew their registration and provided reassurances that staff are not permitted to work if their NISCC registration has lapsed.

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.

A review of staff training records and discussion with the manager following the inspection evidenced that training had been provided in all mandatory areas. Compliance with training was monitored on a regular basis by the manager and as part of the monthly quality monitoring processes.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained.

Staff rotas viewed and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The deputy manager and staff member spoken to on the day of the inspection advised the inspector that vacant shifts are covered by the agency's domiciliary care workers.

The safeguarding adults and whistleblowing policies and procedures were reviewed. The safeguarding policy and procedure provided information and guidance in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015 and 'Adult Safeguarding Operational Procedures' September 2016. The agency has an identified Adult Safeguarding Champion.

Discussion with the manager following the inspection confirmed that there had been four safeguarding referrals made since the previous inspection on 08 February 2018. The inspector was unable to review the safeguarding referrals during the inspection as this information was maintained on an electronic system and access was unavailable to the deputy manager in the absence of the manager. The manager confirmed that the deputy manager has since been given access to the online Datix system and that this information will be available for future inspections.

Discussion with the deputy manager and a review of the accident and incident records confirmed that any accidents/incidents which had occurred since the previous inspection were recorded and notified to the HSC Trust in keeping with local protocols.

The inspector noted from records viewed that the agency had received a number of complaints since the last inspection. The inspector was unable to review how the complaints had been managed as this information was held on the Datix system and was unavailable on the day of the inspection.

The inspector spoke with one home care officer during the inspection. The staff member confirmed that they were very satisfied that the service provided was safe, effective and compassionate and that the service was well led. They expressed some concerns regarding transporting a larger amount of confidential information contained in service user files due to the recent move to temporary premises in at the Mid Ulster Hospital site. This was discussed with the manager by phone following the inspection. The manager confirmed that trolleys and locked storage boxes had been ordered for all relevant staff.

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 the Northern Trust's homecare service. Care is usually being provided by a small team of regular carers; this was felt to be important both in terms of the service user's security and that they can develop a rapport with the carers.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling, use of equipment 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:

- "Very happy with the care."
- "No problems at all."
- "Have got to know them all."

Review of the environment confirmed that the premises are suitable for the purposes of the agency as set out in their Statement of Purpose.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisals.

**Areas for improvement**

The manager should retain within staff personnel records all correspondence received from the Human Resources Department confirming that the relevant pre-employment checks had been completed.

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

**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 three service users’ care records. The deputy manager advised that care and support plans are reviewed yearly or sooner and that multi-disciplinary reviews with the NHSCT representatives took place on a yearly basis or sooner if needed. The records reviewed identified that service user monitoring had taken place in keeping with the agency’s policy and procedures.

Service User Agreements were confirmed as having been provided to service users, in keeping with the minimum standards.

The agency’s quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included details of consultation with a range of staff, relatives as appropriate and community keyworkers, and progress on improvement matters. Monthly quality monitoring is undertaken by a monitoring manager who has a good working knowledge of the service.

The inspector noted the following comments made by service users during the monthly monitoring visits:

- “Very friendly and great at their job.”
- “Don’t know what I would do without the girls coming into the house. They give me a lot of advice and keep me right.”

Records reviewed by the inspector confirmed that during live visits, checks of staff practice were carried out within the homes of service users’ by the homecare officers. Records reviewed by the inspector identified that no concerns had been identified regarding staff practice during live visits.

The agency maintains communication systems to ensure that staff receives information relevant to the care and support of service users'. The deputy manager and the homecare officer described effective verbal and written communication systems with the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate NHSCT community professionals when relevant.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or calls being missed by the agency. Care is usually provided by a small team of regular carers and was not felt to be rushed.

No issues regarding communication between the service users, relatives and staff from the Northern Trust's homecare service were raised with the UCO. The service users and relatives advised that home visits have taken place to obtain their views on the service. None of the service users and relatives interviewed were able to confirm that they had received a questionnaire from the agency; however one relative advised that spot checks have been carried out by a supervisor.

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

- "Never had an issue."
- "Fantastic."
- "I'm given my choice over care and times."

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to care records, audits, reviews, live visits, communication between service users/ their representatives and agency staff.

### 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.**

The 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 the Northern Trust's homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- "Having a healthcare worker in the mornings helps to give my wife a short break."
- "Don't know what I would do without the girls coming to the house."



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 personal care.

Views of service users and relatives have been sought through home visits to ensure satisfaction with the care that has been provided by the Northern Trust's homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- "Very nice girls. They're friendly and chatty."
- "They're very good to XXX."
- "Very caring. We have a bit of fun with them."

No staff feedback was received by RQIA following the inspection in respect of the quality of service provision.

### 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.

### 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 organisational structure of the agency and the lines of accountability were outlined within the Statement of Purpose.

There was a process in place to ensure that policies and procedures were systematically reviewed.

The inspector was informed there was a process in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The inspector was unable to review how the complaints had been managed as this information was unavailable on the day of the inspection (refer to section 6.4).

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

The annual quality review report for 2017- 2018 was examined. The report provided positive feedback overall from service users, their representatives and other professionals regarding satisfaction with the service being provided.

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.

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

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy services
- equity of care and support
- individual person centred care
- individualised risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the NHSCT referral information.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

### 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Claire O'Hare, manager, by telephone following the inspection, 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 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2019</p>	<p>The registered manager should retain within staff personnel records all correspondence received from the Human Resources Department confirming that the relevant pre-employment checks had been completed.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The DCLM will implement this with immediate effect with all new employees commencing in the service. A check list will be implemented and signed off once HR Documents have been checked and held in the staff members file.</p>

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



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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care