

Unannounced Care Inspection Report 25 February 2020



Cookstown Community Services

Type of Service: Domiciliary Care Agency

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

Tel No: 02886723800

Inspector: Aveen Donnelly

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 provider 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

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Dr Anthony Baxter Stevens	Registered Manager: Mrs Claire Appolonia O'Hare
Person in charge at the time of inspection: Mrs Claire Appolonia O'Hare	Date manager registered: 18 August 2009

4.0 Inspection summary

An unannounced inspection took place on 25 January 2020 from 10.30 to 13.45 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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: Access NI and staff' registrations with the Northern Ireland Social Care Council (NISCC).

Service users and relatives spoken with said they were very happy with the care and support

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 Claire O'Hare, 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 15 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 March 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users:

- Recruitment records specifically relating to Access NI and NISCC registration

The audit of bedrail risk assessments was also reviewed.

Questionnaires and “Have we missed you?” cards were provided to give service users and those who visit them the opportunity to contact us after the inspection with their views. No questionnaires were returned.

A poster was provided for staff detailing how they could complete an electronic questionnaire feedback to RQIA. No responses were received.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

During the inspection the inspector spoke with five service users, four staff and eight relatives. Comments are detailed within the report.

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

The inspector would like to thank the manager, service users, service users’ relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

Areas for improvement from the last care inspection dated 15 March 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The review of records confirmed that this had been addressed.	

6.1 Inspection findings

Discussion with the manager and a review of records confirmed that there was a system in place to ensure that relevant pre-employment checks with Access NI had been undertaken prior to employment. There was a system in place to ensure that staff were registered with NISCC and these were monitored on a regular basis.

Discussion with the manager and a review of the bedrail risk assessment audit identified that a significant number of bedrail risk assessments were not in the service users' care records. Following the inspection, the inspector was advised by a NHSC professional that the bedrail risk assessments had been completed. However, the bedrail risk assessments were maintained in the community 'nursing' records, as opposed to the 'homecare' records, where they should be maintained. Given that the bedrail risk assessments were in place for all recent service users, at the start of their care packages, it was agreed that a period of time would be given to enable the outstanding bedrail risk assessments to be put in place. This matter will be followed up at a future inspection.

During the inspection the inspector spoke with five service users, four staff and eight relatives. Comments are detailed below:

Relatives

- "Everything is 100 percent, they are great, wonderful and we know them all by name."
- "Fantastic, all very good."
- "I am happy with them, cannot complain, everything is going well."
- "Very good, they are very respectful and give extra time if; they are very talkative and we are more than happy."
- "We are very happy with them, very pleased, no complaints."
- "Seems fine, they are always respectful."
- "The girls are very good and very caring."
- "The girls are very, very good, I would be lost without them. They are the best I have ever come across, good workers. Anything you ask them they would do for you, they are 100 percent. Good to me and good to my (relative)."

Service users

- “They are doing well.”
- “Couldn’t get better, 100 percent, really happy.”
- “I am very happy, they are very helpful girls, kind and caring people.”
- “I am very happy.”
- “They are very good.”

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI and staff’ registrations with NISCC.

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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