



The Regulation and  
Quality Improvement  
Authority

Magherafelt Community Services  
RQIA ID: 11011  
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Magherafelt  
BT45 5EG

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**Announced Care Inspection  
of  
Magherafelt Community Services**

**3 March 2016**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced care inspection took place on 3 March 2016 from 09.45 to 14.45 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

The details of the QIP within this report were discussed with the registered manager Claire O'Hare as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Northern HSC Trust/Anthony Baxter Stevens	<b>Registered Manager:</b> Claire Appolonia O'Hare
<b>Person in Charge of the Agency at the Time of Inspection:</b> Claire Appolonia O'Hare	<b>Date Manager Registered:</b> 18 August 2009
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> 288	

Magherafelt Community Services is a Northern Health and Social Care Trust domiciliary care agency, based in Magherafelt. The staff team of 135 provide personal care and social support to 288 service users.

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

### 4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned Quality Improvement Plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Consultation with six care workers
- Examination of records
- File audits
- Evaluation and feedback

The following records were examined during the inspection:

- Three care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Three monthly monitoring reports
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Compliments records

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and four relatives on 26 February 2016 to obtain their views of the service. The service users interviewed live in Magherafelt and surrounding areas, and receive assistance with the following:

- Management of medication
- Personal care
- Meals

At the request of the inspector the manager was asked to distribute a number of questionnaires to staff for return to RQIA. There were no questionnaires returned prior to this report being issued.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 26 January 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 23(5)	The acting registered manager is required to ensure all service users receive a monitoring/review visit at least once annually, in line with their quality monitoring procedure.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that 89 per cent of service users have had a monitoring/review visit completed. The inspector was shown details indicating the remaining 11 per cent were scheduled for completion before 31 March 2016.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 15 (6)(d)	The acting registered manager is required to expand their "Handling Service Users' Monies" procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the document "Handling Service Users' Money: Guidance for Homecare Staff" which provided guidance on emergency shopping for occasional shopping tasks outside of care plan tasked shopping. This matter was also included in a newsletter issued to homecare workers in December 2015.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 12.3	The acting registered manager is recommended to ensure all staff are provided with manual handling update training in line with best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed records indicating the majority of staff have received manual handling update training in line with best practice guidance. Some of the staff who have yet to complete this training are on long term absence from work. The inspector was informed that all other staff members are scheduled to complete the required update training by the end of March 2016.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 8.17	The acting registered manager is recommended to ensure all management staff completes outstanding update training on mandatory subject areas.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed training records for two managers which confirmed update training on mandatory subject areas had been completed.	

### 5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

#### Is Care Safe?

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users and/or representatives' views had been obtained and incorporated.

The UCO was advised that new carers are usually 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 the carer's knowledge of the required care.

#### Is Care Effective?

The UCO was informed by all of the people interviewed that they are aware of whom they should contact if any issues arise. One relative advised that a complaint had been made regarding call times, which is ongoing. The manager discussed this matter with the inspector who was satisfied with the agency's response.

The complaints log was reviewed by the inspector and one complaint record reviewed evidenced it had been appropriately managed and resolved to the service user/relative's satisfaction. The manager discussed another area of dissatisfaction which had been raised by

a relative but not recorded as a complaint. The incident had been referred as a safeguarding issue. The manager agreed this matter should also have been recorded as a complaint and a recommendation is made.

The UCO was informed that management visits are taking place on a regular basis to discuss care; however, only two people were able to confirm that observation of staff practice had taken place in their home or that they had received a questionnaire from the agency. The inspector viewed evidence that management visits and telephone calls are taking place to discuss the care provided, as well as observation of staff practice.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. No staff practice issues were identified during the spot checks which the inspector viewed in six staff files.

Questionnaires are sent out by the organisation's governance department to a sample of service users or the representatives of the agency to obtain the views of the service received. Records of the 2014/2015 Service Annual Quality Report was viewed which contained feedback from service users and/or their representatives. The sample size of 30 was discussed by the inspector with the registered manager and area manager. It was confirmed that the area manager would review this process with their governance department with a view to considering increasing this number.

Staff met on the inspection day discussed the variety of communication processes they use to share ongoing changes to service users' needs with their line managers. Evidence of these processes were reviewed during the inspection day.

### **Is Care Compassionate?**

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from the Northern Trust. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or care being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate.

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

- "Happy with the care."
- "I have a good team. They are easy to get on with."
- "I look forward to them coming. Brilliant bunch of girls."
- "First class. Couldn't do without them."

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or questionnaires for the agency.

Six staff members spoken to on the day of inspection emphasised the importance of dignity and respect when working with service users. They provided examples to demonstrate how they promote service user independence and choices. Staff interviewed on the day of inspection also confirmed that they were provided with details of care planned for each new service user.

### Areas for Improvement

One area for quality improvement was identified in relation to this theme. The registered manager is recommended to maintain a record of each complaint.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

### Is Care Safe?

A range of management systems and processes were reviewed within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and late calls. The agency has a procedure for management of missed calls, and records evidenced appropriate actions had been taken in respect of each missed call. An effective process was in place to reduce the risk of any service user not receiving their planned call. The inspector discussed on call arrangements with the registered manager and area manager who confirmed that the on call arrangements outside of office hours do not cover all designated working times. The inspector was advised that there is limited on-call service between 07.30 and 09.00, 17.00 and 18.00, and after 23.00 hours with the arrangement during these hours handled via a central contact point at Holywell hospital site. The area manager indicated that this on call service provides staff with support and advice but does not have access to the full details relating to service users, staff rotas and contact details of these persons. The inspector was advised that this matter has been discussed within HSC Trust and is being reviewed to address these matters. The inspector found no records of incidents or concerns that had occurred during these particular times, and staff interviewed on the inspection day did not raise any concerns regarding their on-call support mechanisms.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed.

### Is Care Effective?

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced any missed calls from the agency.

The inspector viewed six staff files and noted appraisal had not been recorded for two staff members. The manager explained that one staff member had been on long term leave and that the completed appraisal form for the other employee could not be located. A recommendation is made in respect of this.

The inspector discussed the organisation of records in both staff and service user files. The manager agreed that some staff files and service user files contain large volumes of historic information which could be archived to ensure that current up to date information is more easily accessible. The inspector was advised that the area of administration support is currently being reviewed in an effort to provide more assistance to the registered manager and her team.

### **Is Care Compassionate?**

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes where calls are missed or delayed. As previously detailed under theme one of this report, the service users and their representatives spoken with by the UCO highlighted service quality in general to be good, with appropriately trained and skilled staff who delivered compassionate care.

Six staff members spoken to on the day of inspection emphasised the importance of dignity and respect when working with service users.

### **Areas for Improvement**

One area for quality improvement was identified in relation to this theme. The registered manager is recommended to ensure all staff have an annual appraisal.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.3 Additional Areas Examined**

The inspector reviewed the agency's RQIA notification of incidents log, with two reports received during the past year. Review of these incident reports evidenced that they had been recorded and reported to RQIA and the Northern Trust within the required timeframes. Records confirmed that appropriate action had been taken and the matters have been concluded.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Claire O'Hare, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.



## **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

## Quality Improvement Plan

Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13.5  <b>Stated:</b> First time  <b>To be Completed by:</b>  3 May 2016	Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Registered manager to develop system to evidence compliance with requirement for all staff to have annual appraisal and personal development plan completed		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 15.10  <b>Stated:</b> First time  <b>To be Completed by:</b>  Immediate and ongoing	Records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Registered manager to ensure that records of each complaint received, and actions taken, and outcomes are available for inspection by RQIA.		
<b>Registered Manager Completing QIP</b>	Claire O'Hare	<b>Date Completed</b>	1.4.16
<b>Registered Person Approving QIP</b>	Dr Tony Stevens Una Cuning	<b>Date Approved</b>	04.04.16
<b>RQIA Inspector Assessing Response</b>	Michele Kelly	<b>Date Approved</b>	07/04/16

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.