

Unannounced Care Inspection Report

21 February 2019



Magherafelt Community Services

Type of Service: Domiciliary Care Agency

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

Tel No: 02879366983

Inspector: Kieran Murray

User Consultation Officer (UCO): 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

This is a domiciliary care agency which provides personal care and housing support to 281 individuals with physical health, adult and older people with mental health and learning disability needs living in their own homes within the Northern Health and Social Care Trust (NHSCT) area. Service users are supported by 122 staff.

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: 1 April 2015

4.0 Inspection summary

An unannounced inspection took place on 21 February 2019 from 09.00 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 determined 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
- staff training and development
- staff supervision and Knowledge Skills Framework (KSF)
- collaborative working
- Registrations with Northern Ireland Social Care Council (NISCC)

One area requiring improvement was identified in relation to accurate recording of restrictive practices in place and evidence of reviews.

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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Claire Appolonia O'Hare, Registered Manager, 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 8 February 2018

No further actions were required to be taken following the most recent inspection on 8 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 report
- record of complaints
- record of notifiable incidents
- correspondence with RQIA since the previous inspection
- concerns log

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and four relatives, by telephone, on 20 and 21 February 2019 to obtain their views of the service. The service users interviewed receive assistance with personal care and meals.

During the inspection the inspector met with the registered manager and four staff.

The following records were examined during the inspection:

- Four service users' care and support plans
- Community professional's assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Records relating to KSF
- Complaints records
- Incident records
- Induction records
- Staff rota information
- A range of policies relating to the management of staff
- Safeguarding Adults in Need of Protection Policy
- Whistleblowing Policy
- Complaints Policy
- Statement of Purpose
- Service User Guide

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff and visiting professionals to give their views and provides staff and visiting professionals with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

The inspector requested that the registered manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 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 8 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.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place. The inspector examined a range of staff files which evidenced that appropriate pre-employment checks had been completed by the Human Resources (HR) Department and the registered manager.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the Regulations. Staff stated that they are required to shadow other staff members during their induction. The inspector spoke to four staff members who provided positive feedback regarding how their induction prepared them

for their roles and responsibilities. They indicated that they felt supported by the other staff and the registered manager.

Staff comments:

- “I got two-three days shadowing.”
- “I get alerted when my training is due for renewal.”

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 registered manager and staff spoken to on the day of the inspection advised the inspector that vacant shifts are covered by the agency’s domiciliary care workers and a small number of staff employed on the NHSCT bank system.

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults in accordance with the regional guidance ‘Adult Safeguarding Prevention in Partnership’ July 2015. The inspector received feedback from the registered manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. Staff spoken to on the day of inspection was able to discuss the role of the safeguarding champion within the NHSCT.

The inspector noted that staff were confident regarding their responsibilities in relation to safeguarding issues and clear lines of accountability. On the day of the inspection the inspector noted that there had been one safeguarding referral made since the previous inspection 8 February 2018. The referral was managed appropriately within policy and procedure.

Examination of records indicated that a system to ensure that staff supervision and KSF are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and KSF in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the agency’s training plans which indicated compliance with the Regulations and Minimum Standards. There was evidence that staff have attended training additional to that outlines within the Minimum Standards such as Catheter Care, Dysphagia Awareness, Dementia Awareness and Reablement training.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

The inspector noted that a number of restrictive practices implemented were of the least restrictive nature and considered necessary in conjunction with community professionals; however, support/care plans had not been updated to reflect restrictive practices in place or evidence of regular reviews. An area for improvement has been made in relation to Regulation 15 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The inspector reviewed the process for reporting and management of incidents within the agency. There had been a number of incidents/accidents not reportable to RQIA since the previous inspection on 8 February 2018; records provided to the inspector confirmed that they were managed in accordance with the agency's policy and procedure.

The inspector noted from records viewed that the agency had received a number of complaints since the last inspection on 8 February 2018. The inspector reviewed the records and found that they were managed within policy and procedure and that the complainants were fully satisfied with the outcomes.

The inspector evidenced that a review of service users' needs took place yearly or sooner if required.

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 being provided by small teams of consistent carers and 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 that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO; examples given included manual handling and use of equipment. 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:

- "Consistency is great. Have got to know them."
- "Very happy with the care."
- "Couldn't do without them."

Areas of good practice

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

Areas for improvement

An area for improvement was identified during the inspection in relation to the updating of care/support plans to reflect restrictive practices in place and evidence that reviews have taken place.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency's Statement of Purpose (2018) and Service User Guide (2018).

The inspector reviewed four service users' individual care and support plans. The inspector was informed that care and support plans are reviewed yearly or sooner. The registered informed the inspector that multi-disciplinary reviews with the NHSCT representatives took place on a yearly basis or sooner if needed. The inspector examined documentation for the records and as stated in 6.4 an area for improvement has been stated.

The agency retains paper copies of risk assessments, care and support plans in each service user's home.

The agency maintained recording templates in each service user's home file on which care workers recorded their visits. On examination of records the inspector noted a number of correction practices which were not in keeping with policy and procedure. The inspector requested the registered manager add an agenda item to forthcoming staff meeting agendas in relation to recording keeping and appropriate correction methods.

Staff interviewed on the day of the inspection confirmed they were provided with details of care required for each service user.

Staff comments:

- "Anything major happens we phone each other."

Feedback received by the inspector from staff indicated that service users or their relatives: have a genuine influence on the content of their care plans. This was evidenced by the inspector on examining records during a number of the service users' yearly review.

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 relatives and community key workers during the monthly monitoring visits:

Relative comments:

'My XXX receives an excellent service. Could not do without the service.'

Community key worker comment:

'Staff work quickly to commence care packages and facilitate discharges.'

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 receive information relevant to the care and support of service users'. The registered manager and staff 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.

It was evident that the agency has a range of methods to communicate with and record the comments of service users, including speaking with service users on a daily basis and being available for discussion. Staff who spoke to the inspector outlined their understanding of service user's choice, dignity, and respect.

Review of team meeting records indicated that team meetings had taken place on a six to eight weekly basis; the registered manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good among the staff team.

The inspector noted that service user/relative questionnaire carried out by the agency; had positive results. The inspector examined the annual report and found it to be satisfactory.

The inspector commends the agency for placing a copy of the annual report in each service user's file.

Advocacy service information was available in the Statement of Purpose and Service User's Guide for service users to contact if necessary.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping, missed calls or that care has been rushed. Care is being provided by small teams of consistent carers and service users are usually introduced to new carers by a regular member of staff.

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 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:

- "XXX (supervisor) is only a phone call away if we need anything."
- "It gives me peace of mind that someone calls with XXX while I'm at work and contacts me if anything is wrong."
- "Delighted with them."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain 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 inspector 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. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency had participated in liaison with a range of community professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

It was evident that the agency staff and community keyworkers promote the independence, equality and diversity of service users.

Feedback from staff who spoke to the inspector indicated that they had developed knowledge of individual service users through careful observation and interaction over time.

Staff comments:

- "The service users love to see you coming back after your holidays."

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, 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:

- “Great team of girls.”
- “Couldn’t praise them enough.”
- “They’re more like friends.”

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 in this domain 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 robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which comprises of the provision of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures as outlines within the minimum standards which are reviewed at least every three years. Policies and procedures are maintained in a paper format and on an electronic system accessible to all staff. The NHSCT are aware that the disciplinary policy is out of date and steps are being taken to address this.

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 registered 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.

There are effective systems of formal supervision and KSF within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The agency maintains a quality monitoring system which provides a thorough standard of monitoring in accordance with RQIA guidance.

Staff comments:

- “The manager is excellent, very thorough and understanding.”
- (Registered Manager) “gets on the ball right away and solve any problems by the end of the day.”

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

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

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. No concerns regarding the management of the agency were raised during the interviews.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in the domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Appolonia O'Hare, Registered Manager, 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 Regulations (Northern Ireland) 2007.

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.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall-</p> <p>(a) be consistent with any plan for the care of the service user prepared by an Health and Social Services or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>This relates to the updating of care/support plans to reflect restrictive practices in place and evidence that reviews have taken place.</p> <p>Ref 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>DCLM has carried out an audit to identify numbers in relation to restrictive practice e.g bedrail assessments.</p> <p>DCLM will be requesting the District Nurses review all service users services identified and is planning that this will be completed within a 3-6 month period.</p> <p>Head of Service has raised this area for improvement at the community care governance assurance meeting and communicated actions required with senior managers of Community Care Teams who complete bedrail assessments and care plans.</p>

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



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