

# Unannounced Care Inspection Report 10 January 2020



## 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: Aveen Donnelly**

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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 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 personal care and housing support to 287 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 121 staff.

### 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. Claire Appolonia O'Hare	<b>Date manager registered:</b> 18 August 2009

### 4.0 Inspection summary

An unannounced inspection took place on 10 January 2020 from 10.30 to 13.00 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.

An area for improvement previously made was not met and has been stated for the second time.

Evidence of good practice was found in relation to: AccessNI 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
<b>Total number of areas for improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Claire O'Hagan, 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 21 February 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 February 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, the returned QIP, 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.

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

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within the report.

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 seven service users and five relatives by telephone. Comments are detailed within the report.

An area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as not met.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

Areas for improvement from the last care/finance inspection dated 21 February 2019		Validation of compliance
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (2) (a)</p> <p><b>Stated:</b> First time</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>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of the records confirmed that risk assessments pertaining to the use of bedrails were not in place for all service users. A small number were noted to be significantly out of date. This was discussed with the manager.</p> <p>An area for improvement has been stated for the second time in this regard.</p>	

## 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 AccessNI had been undertaken prior to employment. There was a system in place to ensure that staff were registered with NISCC and were monitored on a regular basis.

During the inspection, the inspector spoke seven service users and six relatives. Some comments received are detailed below:

### Service users

- "I have no problems; I couldn't say a word about them."
- "I am very content, they are very good and very efficient, they couldn't be better to me."

- “I am totally happy, could set my alarm by them, they are so punctual. They are doing a great job.”
- “I am getting on grand, no complaints.”
- “I am getting on very well indeed; I always give them a good name as we couldn’t do without them.”
- “Very happy with them.”

## Relatives

- “We are absolutely delighted and are totally blessed with everything, the girls are fantastic and have a good rapport with my mother, who loves them.”
- “I have no complaints, we are very happy.”
- “I haven’t heard (service user’s name) complain, she seems happy enough.”
- “I am happy enough with them, easy to work with, easy to talk to, they are a good team.”
- “They are great.”

## Areas for improvement

An area for improvement previously made was not met and has been stated for the second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Claire 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (2) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</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: 6.0 and 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered manager in consultation with senior management has raised the concern again that not all updated bedrail assessments have been received. Evidence held within the Home Care office files of all requests made to professional staff for traceability. The Head of Service has provided detail of the outstanding assessments to the Assistant Director of Integrated teams and Professional lead for Nursing, it has been highlighted at the Directors montly assurance meetings and an action plan is in place to ensure all outstanding bedrail assessments have been received from community nursing by end of February 2020.</p>





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