



The **Regulation** and
Quality Improvement
Authority

Rathmournie Domiciliary Care Agency
RQIA ID: 11022
20 Downpatrick Street
Rathfriland
BT34 5DG

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**Unannounced Care Inspection
of
Rathmournie Domiciliary Care Agency**

01 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 1 September 2015 from 09.00 to 15.00. 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
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with the registered person Margaret Cunningham, registered manager Caroline Cunningham and the community supervisor as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ms Margaret Mary Cunningham	Registered Manager: Ms Caroline Anne Cunningham
Person in charge of the agency at the time of Inspection: Ms Margaret Mary Cunningham	Date Manager Registered: 04 September 2009
Number of service users in receipt of a service on the day of Inspection: 110	

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 themes 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

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

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 person, manager and community supervisor.
- Consultation with staff
- Staff surveys review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and four relatives in their own home on 17 August 2015 to obtain their views of the service. The service users interviewed live in Rathfriland and surrounding areas, and receive assistance with personal care.

The UCO also reviewed the agency's documentation relating to six service users.

The following records were examined during the inspection:

- Two care staff training files
- Two management staff training files
- Three monthly monitoring reports
- Two recent service user referrals, care plans, risk assessments and service user agreements
- Two long term service user care plans, risk assessments, reviews and revised care plans
- Compliments record
- Complaints record
- Two service user communications logs
- Two staff communication logs

- Quality monitoring for two service users
- Quality monitoring for three staff
- Staff training booklets and competency assessments for Restraint, Hand hygiene and Food hygiene
- Annual quality report 2014
- Four staff rota's.
- Recording and reporting care practices procedure (in respect of management of missed and late calls)
- Policy on Quality improvement
- Policy on staff supervision
- Two late call records (service user and staff communication)
- Duty log/on call diary.

5. The Inspection

Profile of Service

Rathmourne is a domiciliary care agency providing community based service provision to 110 service users (an increase of five since the previous inspection) living in their own home. The service operates from a central base in Rathfriland and provides services within the locality areas of Newry and Mourne. Services are offered by approximately 48 staff and mainly focus on the provision of personal care, meals, domestic tasks and sitting service (day and night) with referrals received from the Southern Health and Social Care Trust (SHSCT).

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 16 March 2015. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16(2)(a) Regulation 11(1)(3) Regulation 13(b)	The registered person and manager is required to ensure implementation of mandatory training across all staff groups to include supervision and appraisal training for the registered manager and management staff as appropriate. Competency assessments are also required for all mandatory areas. (Minimum standard 12)	Met
	Action taken as confirmed during the inspection: Review of the agency training schedule for the complete staff team during inspection evidenced all staff compliant with mandatory training.	

	<p>Review of two individual care staff training files detailed mandatory training compliant with Regulation 16(2)(a) and included an overall trainer evaluation for the staff in attendance at individual training sessions.</p> <p>Review of mandatory training for the registered manager and registered person evidenced mandatory training ongoing together with evidence of supervision and appraisal training.</p>	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8.11	<p>The registered person and manager are recommended to commence using the RQIA monthly report template to ensure all appropriate matters are reviewed ongoing.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of three monthly monitoring reports for April, May and June 2015 were completed on the RQIA template and found to be compliant.</p>	

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 HSC Trust commissioners contained a reasonable level of information regarding service user and/or representative's views. The referrals detailed a care plan and risk assessment. The agency care plans and risk assessments completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. Service user guides and agreements had been provided to service users and were signed by service users or their relative.

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.

The documentation relating to six service users were reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan and risk assessment, however two were noted to be out of date. The agency's log sheets in the six files were reviewed and an issue was identified regarding the recording of call times in accordance with standard 5.2. This matter was discussed with the registered person during inspection and recommended for attention and follow up during staff quality monitoring in the future.

Is Care Effective?

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise.

Management visits are taking place on a regular basis to discuss the care being provided and observation of staff practice has also taken place; however the people interviewed were unable to confirm that they had received a questionnaire from the agency to obtain their views. Review of staff quality monitoring during inspection confirmed an appropriate process and timeframes for staff observations. Evidence of the annual quality report for 2014 was reviewed during inspection. The manager confirmed the gathering of information for the annual quality report takes place during service user quality monitoring visits on a six monthly basis. Service user quality visits were confirmed during inspection for two service users and had taken place in line with the confirmed timeframes.

The agency had received two complaints/incidents which were reviewed during inspection. One matter had been satisfactorily managed and reported to RQIA while the second matter had not been reported to RQIA in accordance with Regulation 15(12)(b). Records retained by the agency were also incomplete regarding investigation outcome and closure of the matter. All records were requested for retention by the agency to evidence investigation completion.

The compliments records from two service users and two staff reviewed during inspection contained positive feedback regarding the care provided and the management support within the agency.

The agency has monthly monitoring reports completed by the registered person. The inspector reviewed three such reports and confirmed the reports had been completed in accordance with the RQIA template as detailed under recommendation one within the follow up section above.

Service user communication records viewed in the agency office evidenced how feedback was received, shared and followed up were necessary. These records found that the agency carried out care review visits with service users twice annually or when changes to their needs were identified.

Four staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed how processes such as staff meetings and daily contact with co-ordinators (to share ongoing changes to service user's needs) takes place. Evidence of these processes were reviewed during the inspection day. Additional staff training is also provided in the area of dementia to ensure staff are appropriately knowledgeable in service users specific needs. Five staff surveys were received following the

inspection day. These confirmed that staff were satisfied with the training received in relation to core values, communication methods and mental health care.

Overall on the day the inspector found that care delivery was effective.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Rathmourne. 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 that care is being rushed. Service users, as far as possible, are given their choice in regards to 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:

- “I look forward to their visits. They are cheery and chatty which I appreciate.”
- “Very pleased with all the carers.”
- “The girls know to take their time with my XXX due to his condition.”
- “Very friendly.”
- “Never had any complaints.”

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included dementia, COPD and working with service users with limited verbal communication and mobility.

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

Staff interviewed confirmed that service users’ views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users’ particular needs especially in cases where conditions such as dementia and communication difficulties pre-sent. Seven staff surveys were received following the inspection day. These confirmed that staffs were satisfied with the training received in relation to core values, communication methods and mental health care.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The agency has met the required standards in respect of theme one for most areas reviewed. Staff recording in service users’ homes was highlighted during UCO visits for review in a number of cases and this was discussed with the registered manager during inspection. The agency is required to notify RQIA regarding incidents within the specified timeframes. Both matters have been detailed on the QIP.

Number of Requirements:	1	Number of Recommendations:	1
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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, policies and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed and late calls. The agency has not had any missed calls and only identified late calls on two occasions. Review of records during inspection confirmed good communication with service users and staff in both cases. Communications with the referring HSC Trusts has not been necessary to date due to only two matters arising which were appropriately managed by the agency. Review of staff rota's during inspection for several staff members reflected a process for allocating the staff numbers to service user calls however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

Overall on the day the inspector found that care delivery was safe.

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's 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 missed calls from the agency.

The registered person confirmed that late calls would not be a common occurrence in the service.

Procedures in place for staff quality monitoring were reviewed during inspection. Disciplinary processes were discussed during inspection but have not been implemented as the agency has not received missed calls and the two late calls were managed appropriately. Monthly monitoring reports completed by the registered person were reviewed and found to be appropriately detailed.

Staff interviewed on the day of inspection confirmed that they felt supported by management staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit.

Overall on the day the inspector found that care delivery was effective.

Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the UCO highlighted service quality to be good with appropriately trained and skilled staff who delivered compassionate care. Where issues arise service users described appropriate communication processes in order to keep them informed.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes were calls are missed or delayed.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The agency has met the required standards in respect of theme two for all areas reviewed.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

Incidents

The inspector reviewed the agency's RQIA notification of incidents log with two matters arising since the previous inspection, one vulnerable adult and one medication matter. The vulnerable adult incident came to light through review of complaints within theme one. The incident had not been reported to RQIA in line with Regulation 15(12)(b) and has been requested for notification with immediate effect. Follow up action by the agency had taken place with the relevant authorities including the SHSCT, PSNI and NISCC. A follow up incident notification has also been requested for submission to RQIA in this respect.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered person Margaret Cunningham, registered manager Caroline Cunningham and the community supervisor 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 (paperlite) and assessed by the inspector.

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 agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 15(12)(b) Stated: First time To be Completed by: With immediate effect	<p>The registered person shall ensure the Regulation and Improvement Authority is notified of any incident reported to the police, not later than 24 hours after the registered person- (ii) is informed that the matter has been reported to the police.</p> <p>As discussed within theme one of the report.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered person shall ensure the Regulation and Improvement Authority is notified of any incident reported to the police, not later than 24 hours after the registered person- (ii) is informed that the matter has been reported to the police. Outstanding issues have been resolved and confirmation of closure has been received.</p>		
Recommendations			
Recommendation 1 Ref: Standard 5.2 Stated: First time To be Completed by: With immediate effect	<p>The record maintained in the service user's home is recommended to be compliant with Standard 5.2.</p> <p>As discussed within theme one of the report.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The record maintained in the service user's home is compliant with Standard 5.2.</p>		
Registered Manager Completing QIP	Caroline Cunningham	Date Completed	16/09/15
Registered Person Approving QIP	Margaret Cunningham	Date Approved	16/09/15
RQIA Inspector Assessing Response	A.Jackson	Date Approved	17/09/15

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address