

Unannounced Care Inspection Report 22 October 2018



Rathmourne Domiciliary Care Agency

Type of Service: Domiciliary Care Agency

Address: 20 Downpatrick Street, Rathfriland, BT34 5DG

Tel No: 02840631943

Inspector: Bridget Dougan

User Consultation Officer (UCO): Clair McConnell

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Rathmourne is a domiciliary care agency which provides care and support to 189 individuals living in their own homes. Services provided include personal care, medication support and meal provision and are commissioned by the Southern Health and Social Care Trust (SHSCT) and the South Eastern Health and Social Care Trust (SEHSCT).

3.0 Service details

Organisation/Registered Provider: Rathmourne Domiciliary Care Agency Responsible Individual: Margaret Mary Cunningham	Registered Manager: Caroline Anne Cunningham
Person in charge at the time of inspection: Margaret Mary Cunningham	Date manager registered: 4 September 2009

4.0 Inspection summary

An unannounced inspection took place on 22 October 2018 from 11.00 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 sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding and risk management. Care records were well maintained. Communication between service users, agency staff and other key stakeholders was well maintained. The culture and ethos of care in the agency, generally promoted treating service users with dignity and respect. There were good governance and management arrangements in relation to the day to day operations of the service. Feedback provided in questionnaires from two members of staff indicated their dissatisfaction in respect of safe, effective, compassionate and well led services. The responsible individual agreed to follow up and address these concerns. Feedback provided from fourteen other staff consulted was positive across all domains.

Service users and their representatives' spoke positively in relation to the care and support provided.

No areas for improvement were identified.

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 Margaret Mary Cunningham, responsible individual, 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 27 April 2017

No further actions were required to be taken following the most recent inspection on 27 April 2017.

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 reports
- record of notifiable events for 2017/2018
- all correspondence received by RQIA since the previous inspection
- user consultation officer (UCO) report

The following records were examined during the inspection:

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| <ul style="list-style-type: none"> • three staff recruitment records • two staff induction records • two staff supervision and appraisal records • staff training records for 2017/2018 • records confirming registration of staff with the Northern Ireland Social Care Council (NISCC) • four service user records regarding, assessment, care planning, review and quality monitoring | <ul style="list-style-type: none"> • daily logs returned from the service users' homes • RQIA registration certificate • a selection of policies and procedures • complaints and compliments records • service user guide/agreements • statement of purpose • manager's service user audits • monthly quality monitoring reports |
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As part of the inspection the User Consultation Officer (UCO) spoke with four service users and eight relatives, either in their own home or by telephone, on 8 and 13 August 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with management of medication, assistance with personal care and meal provision. The UCO also reviewed the agency's documentation relating to five service users.

During the inspection the inspector spoke with the responsible individual, the community supervisor, four care staff and one the Health and Social Care (HSC) Trust representative.

At the request of the inspector, the responsible individual was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Twelve staff responses were received. The findings of the inspection were provided to the responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 April 2017

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.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. These policies and procedures were found to be up to date and compliant with relevant regulations and standards.

A sample of three staff personnel records was reviewed and evidenced that all required pre-employment checks had been satisfactorily completed in accordance with the regulations.

The responsible individual confirmed all staff were registered with the NISCC or were in the process of registering. The responsible individual discussed the system in place to identify when staff were due to renew their registration and provided reassurances that staff are not permitted to work if their NISCC registration has lapsed.

A review of records confirmed that all staff had received a structured induction programme in line with the timescales outlined within the regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance. Staff consulted with confirmed that this included mentoring through observation of practice, formal supervision meetings and appraisals.

A review of the personnel files identified that training had been provided in all mandatory areas. Additional training had been provided in relation to managing challenging behaviour; dementia awareness; multiple sclerosis; diabetes and pressure ulcers. Compliance with training was monitored on a regular basis by the manager and as part of the monthly quality monitoring processes.

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 Rathmourne. 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 to ensure that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care 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:

- "Couldn't say a bad word about any of them."
- "Very happy with the care."
- "Everything's fine."

The staff spoken with had a clear understanding of their role and responsibility in relation to adult protection and how they should report any concerns that they had. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the responsible individual holds this responsibility and ensures that the agency's safeguarding activity is in accordance with the regional policy and procedures. A review of safeguarding documentation confirmed that two reports of potential concerns had been received and were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Discussion with the responsible individual and a review of the accident and incident records confirmed that no incidents had occurred from the last care inspection. There was a system in place to ensure that any incidents would be recorded and notified to the HSC Trust in keeping with local protocols.

Review of records management arrangements evidenced that appropriate storage and data protection measures were being maintained in line with General Data Protection Regulation (GDPR) introduced in May 2018.

Review of the environment confirmed that the premises are suitable for the purposes of the agency as set out in their Statement of Purpose.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. New carers are usually introduced by a regular member of staff and are aware of the care required.

No issues regarding communication between the service users, relatives and staff from Rathmourne 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:

- "Without their help we wouldn't be able to stay in our home."
- "Margaret (Responsible Individual) is very approachable and good support to us."
- "They were a great help to XXX when I was rushed into hospital."

As part of the home visits the UCO reviewed the agency's documentation in relation to five service users and an issue was identified in relation to the recording of call times. This was discussed with the responsible individual during the inspection, who confirmed that this issue has since been resolved following changes which were made to the layout of the staff log sheets.

The inspector examined three service users' care records and found these to be detailed, personalised and reflective of the level of care and support provided.

The manager advised that care reviews with the HSC Trusts were held annually or as required and that agency staff attended, when invited. The records reviewed identified that service user monitoring had taken place in keeping with the agency's policy and procedures.

Service User Agreements were confirmed as having been provided to service users, in keeping with the minimum standards.

The review of the daily notes, returned from service users' homes identified that the care and support had been provided, as per the care plan agreed by the commissioning trusts.

Quality monitoring reports indicated consultation with a range of service users, relatives and HSC Trust representatives.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required.

Staff consulted during the inspection stated that they felt that there was effective communication between all grades of staff. The returned questionnaires from staff evidenced that ten staff were 'satisfied' or 'very satisfied' that the care was effective. Two staff stated they were very unsatisfied in this regard. Given that no negative comments were received to support this, feedback was communicated to the responsible individual for review and action, as appropriate.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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.

There are processes in place to promote effective engagement with service users, they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

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

- "Very sociable."
- "Doing a great job."
- "They're awful good."

Compliments reviewed during inspection provided the following information in support of compassionate care:

"I just wanted to say a heartfelt thank you to Rathmourne and all the staff. The girls who came out to me were more than 100%. I appreciate all they did for me plus their encouragement and cheerful attitude. They were a credit to themselves and the agency".

As part of the inspection process, the inspector spoke with four staff members and a HSC Trust representative. Some comments received are detailed below:

Staff

- “We are very confident that the care provided by this agency is first class.”
- “I feel we are giving an excellent service.”
- “The service users come first and we go the extra mile to meet their needs.”

Trust representative

“I have no concerns regarding Rathmourne. Any minor issues identified in the past were always addressed promptly by the management.”

Twelve staff provided electronic feedback to RQIA regarding the quality of service provision. Ten respondents indicated that they felt either ‘satisfied’ or ‘very satisfied’ the care provided was safe, effective and compassionate and that the service was well led. Two staff stated they were very dissatisfied across all four domains. Comments received were as follows:

- “Weekend hours are too long without staff getting a reasonable break. Working from 7.00am – 10.00pm and only getting 15 minutes to get something to eat”
- “We have a very tight knit team that works very well to ensure the highest standards of care for service users are met”
- “there is very good teamwork. I am provided with the opportunity to continue with my professional development and further my training. Good support and encouragement from the management team”

The results of the staff survey were discussed with the responsible individual post inspection. The responsible individual agreed to follow up and address the concerns raised by the two members of staff.

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 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.

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.

The organisational structure of the agency and the lines of accountability were outlined within the Statement of Purpose. Discussion with staff indicated they understood the organisational structure and their roles and responsibilities within it.

There was a process in place to ensure that policies and procedures were systematically reviewed.

There was a process in place to ensure that complaints were managed in line with the regulations and minimum standards. The inspector noted a number of complaints had been received since the last inspection. Records reviewed confirmed that each complaint had been appropriately managed in accordance with the agency's policy and procedure.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of service users. The agency collected equality data on service users such as; age, gender, race, disability, marital status via the commissioning Trust referral information. Equality training had also been provided to staff.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011.

Review of the results of the annual quality review report for 2017 provided positive feedback overall from service users, their representatives and other professionals regarding satisfaction with the service being provided.

The staff members consulted with indicated that the management team was supportive and approachable.

Areas of good practice

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

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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