

# Unannounced Care Inspection Report

## 3 November 2020



## Rathmourne Domiciliary Care Agency

**Type of Service: Domiciliary Care Agency**  
**Address: 20 Downpatrick Street, Rathfriland, BT34 5DG**  
**Tel No: 028 4063 1943**  
**Inspector: Corrie Visser**

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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

Rathmourne is a domiciliary care agency based in Rathfriland which provides personal care, social support and sitting services to people in their own homes.

A team of 57 care staff are currently providing services to 167 service users. Service users have a range of needs associated with learning disability, physical disability, dementia and mental health conditions. The majority of the services are commissioned by the Southern Health and Social Care Trust (SHSCT) and South Eastern Health and Social Care Trust (SEHSCT).

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 3 November 2020 from 10.30 to 14.30 hours.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. This inspection was carried out using an on-site inspection approach in line with social distancing guidance.

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, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

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.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 which is maintained by the agency in relation to the safeguarding of adults (2016).

It was positive to note that the agency has received eight compliments, including Thank You cards from the last inspection; comments included:

- "I am very happy with the service. The carer is a wee darlin'."
- "I just wanted to say thank you on behalf of my relative and all my family to you and all your team for continuing to deliver such a great service in these difficult times."
- "Thank you so much for everything you are doing, working on the front line during this crisis. You and your fantastic work is greatly appreciated."

On the day of the inspection it was noted that no incidents had taken place since the previous inspection on 4 November 2019.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received two complaints since the last inspection. We examined the records and found that the agency had not recorded the details of the complaint on a template nor had it detailed the actions taken to respond to the complaint. An area for improvement has been made in this regard. A further area for improvement was made

with regards to record keeping. One area for improvement identified at the last inspection relating to missed calls and the auditing of daily logs was not met and has been re-stated for the second time.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), staff recruitment and induction and the monitoring/spot checks of staff.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	*2

\* One standard has been re-stated for the second time.

The findings of this report and Quality Improvement Plan (QIP) were discussed with Miss Caroline Cunningham, registered manager and Mrs Margaret Cunningham, responsible individual and will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience. 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 4 November 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 November 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.

Following our inspection we focused on contacting the service users, their relatives, staff and professionals to obtain their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

Following the inspection we communicated with three service users, four staff members, two service users' relatives and two professionals.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

We would like to thank the manager, service users, service user's relatives and staff and professionals for their support and co-operation throughout the inspection process.

## 6.0 The inspection

Areas for improvement from the last care/finance inspection dated 4 November 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) Schedule 4  <b>Stated:</b> First time	The registered person must ensure that the system for recording the supply of staff to service users is formalised.	<b>Met</b>
	This refers specifically to the staff rota and to the time sheets submitted by staff.	
	<b>Action taken as confirmed during the inspection:</b> We were provided with the new template for timesheets which included the specific run for each care worker to ensure every call was accounted for as per the staff rota.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 10.2  <b>Stated:</b> First time	The registered person must ensure that systems are in place for the management of records in accordance with legislative requirements. This refers specifically to the policy and procedure on records managements, which should be further developed to include:	<b>Met</b>
	<ul style="list-style-type: none"> <li>• a directory of the records to be stored.</li> <li>• the disposal of records in keeping with the general data protection regulations (GDPR).</li> <li>• the procedure for the coding and labelling of storage boxes to be sent to the external security company.</li> <li>• the auditing processes used by management, to ensure that deficits in record keeping are identified and follow</li> </ul>	

	up action taken, as appropriate.	
	<b>Action taken as confirmed during the inspection:</b> The policy and procedure for the management of records has been updated in accordance with legislative requirements. It specifies that documents will be stored in locked filing cabinets for six months and then collected by a document security company and retained for eight years. The agency will keep a directory of records on a secure computer system in line with GDPR.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.10  <b>Stated:</b> First time	The registered person shall ensure that working practices are systematically audited to ensure that they are consistent with the agency's documented policies and procedures.  This refers specifically to the auditing of daily logs returned from service users' homes, to ensure that any missed entries are followed up and to ensure that deficits in record keeping are followed up with individual staff members, as appropriate.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed four service users' files including daily logs. It was noted that there were two missed calls for one service user. It was not evident that audits were being undertaken of the daily logs. This area for improvement has been re-stated for the second time.	

## 6.1 Inspection findings

### Recruitment:

We reviewed two staff recruitment files and it was evident that all pre-employment checks had been undertaken before the staff members' commenced employment, including Access NI. It was positive to note that a number of spot checks had been undertaken on these care workers. These spot checks gave assurances that all care workers were adhering to the care plans and also wearing the appropriate PPE during calls to ensure the safety and protection of service users.



The NISCC matrix reviewed confirmed all staff were registered with NISCC. The manager advised that a system is in place to monitor the registration of all staff and reminders are sent to staff when they are due to renew their registration. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Staff also confirmed their knowledge of this when providing feedback.

### **Care Plans and Daily Logs:**

We reviewed four service users' files and it was positive to note that annual reviews were being undertaken of the service users' needs and their care plans updated accordingly. For one service user, their care plan was reviewed more often due to a change in their needs which would suggest good mechanisms in place for ongoing review to ensure service user needs are met. Each file had a Service User Agreement and manual handling risk assessments as well as a restrictive practice assessment for one service user.

It was noted that the timing of calls were not as per the care plan with one service user getting a call three hours prior to the commissioned time. This was discussed with the manager who advised that this had been agreed with the service user and their family however it was not recorded in the service user's file. It was also noted that there were two missed calls for one service user which were not picked up during audit of the records. This area for improvement has been re-stated for the second time.

We reviewed the daily logs for four service users and noted that there were significant deficits in all four logs including unrecorded dates and times of calls, unsigned records or completed inappropriately in accordance with regulations. It was discussed with the manager that daily logs are legal documents and needed to be completed appropriately. An area for improvement was made in this regard.

Comments from service users included:

- "I'm very happy."
- "They are all very good carers."
- "They arrive near the correct time."
- "First class."
- "I would highly recommend them."
- "The responsible individual regularly checks in with me to make sure things are ok. If it wasn't for covid, I know she would be out."
- "The girls are always wearing the appropriate PPE."
- "I am happy."
- "They are all very good and very nice."
- "The carers are quite friendly and very helpful."
- "I can't complain."

Comments from service users' relatives included:

- "The carers are great with him."
- "He enjoys the craic and the carry on with them."
- "They are friendly and respectful."
- "I am happy and content with them."
- "They are great."
- "I am very happy with the care."
- "They are very efficient."

- “I am happy to have someone to help us out.”
- “I am very grateful.”
- “They are very good with him.”
- “The carers always wear the appropriate PPE when they call.”

Comments from care workers included:

- “I got a lot of good training when I started and it has been ongoing.”
- “Support is there 99% of the time.”
- “Spot checks are regular but they have reduced due to Covid-19 but service users are getting phone calls to ask about us and our practice.”
- “We got a lot of guidance regarding PPE.”
- “Everything is ok.”
- “We get all we need with regards to PPE.”
- “At the beginning of the pandemic we got training in donning and doffing, were made aware of the 72 hour rule and double bagging of PPE.”
- “The manager is very good and if I have any problems I can ring her at any time and it is always sorted out.”
- “Management are very approachable.”
- “The timings of calls are very good and I don’t feel under pressure.”
- “All advice and guidance given to us has been absolutely fantastic.”
- “We have had to cover some more calls through the pandemic so there has been some pressure however it cannot be helped. All our calls are being covered.”
- “Proper equipment is being given to us.”
- “We all muck in together.”
- “Great updates and plenty of training.”
- “I have no worries at all with working for Rathmourne.”
- “Management are very supportive.”

Comments from professionals included:

- “Generally speaking I have not heard any issues or concerns from my staff.”
- “Rathmourne engage well with us.”
- “They are willing to acknowledge, discuss and review ways of working if there is an issue.”
- “The carers are well trained and Rathmourne Domiciliary Care Agency have ensured the carers receive specific training when required.”
- “My experience with them is very good.”
- “Communication is good.”
- “They are always responsive.”
- “They try to resolve any issues.”
- “Feedback from service users and their families is good.”
- “They make the best effort to suit the service user and their family.”

## Covid-19

We spoke to the manager and to four staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.



We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- Dissemination of information to staff.
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19.
- PPE storage and disposal.
- Staff training and guidance on IPC and the use of PPE equipment in line with guidance.

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

Based on feedback it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. During discussion with staff it was positive to note that they are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

### Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with NISCC, staff recruitment and induction and the monitoring/spot checks of staff.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

### Areas for improvement

Two areas for improvement were identified from this inspection in relation to complaints and record keeping. One area for improvement has been re-stated for the second time in relation to missed calls and the auditing of daily logs.

	Regulations	Standards
Total number of areas for improvement	1	2

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Caroline Cunningham, registered manager and Mrs Margaret Cunningham, responsible individual, 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 and the Domiciliary Care Agencies Minimum Standards, 2011.

## **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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 22 (8)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection and ongoing	The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.  Ref: 4.0
	<b>Response by registered person detailing the actions taken:</b> The Registered/Responsible persons will detail investigations made, the outcome and any action taken in consequence. A template is in place from date of inspection.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.10  <b>Stated:</b> Second time  <b>To be completed by:</b> immediately from the date of inspection and ongoing	The registered person shall ensure that working practices are systematically audited to ensure that they are consistent with the agency's documented policies and procedures.  This refers specifically to the auditing of daily logs returned from service users' homes, to ensure that any missed entries are followed up and to ensure that deficits in record keeping are followed up with individual staff members, as appropriate.  Ref: 6.0
	<b>Response by registered person detailing the actions taken:</b> The registered/responsible persons will ensure that all daily logs from service users homes are audited and any missed entries are followed up to ensure that deficits in record keeping are followed up with individual staff members. Team leaders collect daily logs from service users homes. They are provided with a locked box for transportation. These are audited when returned to the office and filed appropriately. A log is compiled of date received, name and address of service user, call missed, reason for call being missed and response from service user.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5.2 and 5.6  <b>Stated:</b> First time  <b>To be completed by:</b> immediately from the date of inspection and ongoing	The record maintained in the service user's home details (where applicable) the date and arrival and departure times of every visit by agency staff. All records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.  This also included entries being written in black pen and both care workers are to sign the entry on a double call.  Ref: 6.1

**Response by registered person detailing the actions taken:**

The registered/responsible persons will monitor all daily records from the service users homes to ensure date and the arrival/departure times are entered appropriately. Staff will be contacted if records are not legible, accurate, up to date or not signed/dated by the person making the entry. The Registered/Responsible Persons shall ensure all entries are being written in black ink and both care workers are to sign the entry on a double call.

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



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