

Unannounced Care Follow Up Inspection Report 4 November 2019



Rathmourne Domiciliary Care Agency

Type of Service: Domiciliary Care Agency
Address: 20 Downpatrick Street, Rathfriland, BT34 5DG
Tel No: 02840631943
Inspector: Aveen Donnelly

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 based in Rathfriland which provides personal care, social support and sitting services to people in their own homes.

A team of 61 care staff are currently providing care services to 184 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), with services also commissioned by the South Eastern Health and Social Care Trust (SEHSCT) for one service user.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 4 November 2019 from 10.00 to 15.15.

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 sought to assess progress with any areas for improvement made since the last care inspection.

Areas for improvement related to the staff rota, the policy and procedure on records management and the auditing processes.

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	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Margaret Cunningham, responsible individual, 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 July 2019

Following the last care inspection, a serious concerns meeting was held on 19 August 2019 in RQIA offices to discuss with the registered person concerns that a number of service user daily care records had been destroyed by the agency and to seek assurances that a robust action plan was in place to address the concerns identified.

At the serious concerns meeting, the responsible person acknowledged the failings and provided a satisfactory action plan detailing the actions taken or planned to be taken to ensure compliance with the legislation and to effectively address the concerns identified.

Following consideration of the information and assurances provided by the registered person, a decision was made to monitor improvement in relation to these matters using the Quality Improvement Plan for the inspection undertaken on 8 July 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following:

- previous inspection report and QIP
- action plan submitted to RQIA at the serious concerns meeting 19 August 2019
- any correspondence or information received by RQIA since the previous inspection

The following records were examined during the inspection:

- care records relating to six service users
- records pertaining to the supply of staff
- a sample of staff time sheets
- staff induction records
- staff memo regarding record keeping issued on 20 October 2019
- training records relating to records management
- policy in relation to records management

The inspector also spoke with one service user and three relatives, by telephone on 12 November 2019. Comments are included within the report.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as being partially met.

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 July 2019

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 8 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (a) kept up to date, in good order and in a secure manner; (b) retained for a period of not less than eight years beginning on the date of the last entry; and (c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that arrangements were in place for the safe storage of records. Refer to section 6.3 for further detail.	

6.3 Inspection findings

Suitable storage arrangements had recently been put in place for the storage of service user records and the inspector was satisfied that records since the date of the last inspection were appropriately stored. The review of staff personnel files also confirmed that training had been provided to office staff and team leaders in relation to records management. The review of the staff induction programme identified that the area of records management was included within the Northern Ireland Social Care Council (NISCC) Induction Standards workbook.

Arrangements were also in place for subcontracting archived records to an external document security company and the inspector was advised that this service has not been used to date. The review of the policy pertaining to the management of records identified that it required further development, to include a directory of records to be stored and the disposal of records in keeping with the general data protection regulations (GDPR). The procedure for the coding and labelling of storage boxes also required further development, to ensure that records can be retrieved within the agreed timescale. An area for improvement has been made in this regard.

The review of the care records identified that care delivery was generally in keeping with the care plans. However, the review of the returned daily notes from service users' homes, identified missing entries in two service users' notes. This was discussed with the responsible individual, who explained that this was an omission in record keeping, as opposed to calls not having taken place. However, given that there was not a robust system in place for recording the supply of care workers to each service user (the staff rota), this could not be verified. An area for improvement has been made in this regard.

The auditing processes of the returned notes was not formalised and there were no records available, to evidence that audits had been undertaken or that any follow up action had been taken. The inspector requested that the responsible individual inform the trust of the identified omissions in record keeping and RQIA received confirmation of this by email on 26 November 2019. Additionally, the review of the daily notes identified a number of deficits in relation to record keeping. These included staff not using their full signatures, when signing records; omissions in staff recording their arrival or departure times and staff not consistently recording the time correctly. An area for improvement has been made in this regard.

As part of the inspection process the inspector also spoke with one service user and three relatives, by telephone, on 12 November 2019. Some comments received are detailed below:

Service user

- “I am getting on fine, they are doing everything I want them to do.”

Relatives

- “They are very good, although they can be a bit late at times, it’s not a problem and we have no complaints at all.”
- “I am very happy, they take their time and they are very respectful, the girls are very good and there has never been a time where we didn’t get what we needed.”
- “They are 100 percent, I couldn’t fault them and they are generally on time.”

Areas for improvement

Areas for improvement related to the staff rota, the policy and procedure on records management and the auditing processes.

	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 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

<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person must ensure that the system for recording the supply of staff to service users is formalised.</p> <p>This refers specifically to the staff rota and to the time sheets submitted by staff.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Rota's have been formalised inline with time allocation as per Trust DC1. This is also reflected on time sheets submitted by staff.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 10.2</p> <p>Stated: First time</p> <p>To be completed by: 04 December 2019</p>	<p>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:</p> <ul style="list-style-type: none"> • a directory of the records to be stored. • the disposal of records in keeping with the general data protection regulations (GDPR). • the procedure for the coding and labelling of storage boxes to be sent to the external security company. • the auditing processes used by management, to ensure that deficits in record keeping are identified and follow up action taken, as appropriate. <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The policy and procedure on records management has been updated and now includes all of the above recommendations. The auditing process is ongoing and is documented as required.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p> <p>To be completed by: Immediately, from the date of the inspection</p>	<p>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.</p> <p>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.</p> <p>Ref: 6.4</p>
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	<p>Response by registered person detailing the actions taken:</p> <p>A templated has been complied to document missed entries. Some of these can be due to service user cancellation at short notice in which case the 12hr rule applies, others may be hospital admissions or service user on holidays. Social Workers will be notified and invoiced accordingly. A system is in place for monitoring and auditing Daily Records Completed by Staff. Any deficits are documented and action taken by management as appropriate.</p>
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Please ensure this document is completed in full and returned via Web Portal



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