

# Unannounced Care Inspection Report 8 July 2019



## Rathmourne Domiciliary Care Agency

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

[www.rqia.org.uk](http://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

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 58 care staff are currently providing care services to 186 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

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

### 4.0 Inspection summary

An unannounced inspection took place on 8 July 2019 from 10.00 to 16.30.

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.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training, knowledge of adult safeguarding and risk management. Further areas of good practice were also noted in regard to care records; communication between service users and agency staff and other key stakeholders; the provision of compassionate care; staff support arrangements and governance arrangements.

Following the inspection RQIA received additional information from the SHSCT in regard to the agency's retention of records, specifically service user daily care records.

As a consequence, a serious concerns meeting was held on 19 August 2019 in RQIA offices to discuss with the registered person the concern 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. The meeting was attended by the responsible person.

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, RQIA has decided to monitor improvement in relation to these matters using the Quality Improvement Plan for the inspection undertaken on 8 July 2019. In addition a further unannounced inspection will be planned to ensure that improvements have been made and sustained.

An area for improvement in regard to records management was identified.

There was evidence identified throughout the inspection process that the agency promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, privacy and service user involvement.

Feedback received from service users regarding the agency on the day of inspection was very positive, comments included:

- "I'm very happy with the service."
- "Staff would be very good."
- "Could only give them (staff) 100 per cent."
- "They (staff) are very respectful and kind."
- "Couldn't be better."
- "I have Margaret's number, I would have no problem telling you if there were any issues."
- "The staff are all lovely."
- "They (staff) treat me well."
- "The staff record in the file each time they visit, they are great."
- "No problems at all."
- "The staff are all grand, no complaints."
- "There is nothing I would like to change."
- "You get to know the staff which is good."

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

Details of the Quality Improvement Plan (QIP) were discussed with responsible person, as part of the inspection process and serious concerns meeting. The timescales for completion commence from the date of inspection.

Enforcement action did result from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 22 October 2018**

No further actions were required to be taken following the most recent inspection on 22 October 2018.

#### **5.0 How we inspect**

Prior to the inspection the inspector reviewed the following information:

- unannounced care inspection report dated 22 October 2018
- incident notifications that had been reported to RQIA since the last care inspection
- information and correspondence received with regards to the agency since the last inspection

During the inspection the inspector met with the responsible person, the community supervisor and two care workers. The inspector also spoke via telephone with four service users who were randomly selected during the course of the inspection.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the responsible person was asked to display a poster prominently within the agency's registered premises. In addition, the responsible person advised that the agency would ensure the poster is shared with all staff. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; 30 responses were received.

Of the 30 responses received the majority of staff indicated that they were either very satisfied or satisfied that the care delivery was safe, effective, compassionate and well led. The staff commented: "I feel management are very approachable and understanding." "I'm very happy with my job and Rathmourne management and staff".

However, it was noted that not all staff expressed this level of satisfaction, with a small number of staff indicating they were very unsatisfied or unsatisfied. All questionnaire responses were shared with the responsible person following the inspection for further consideration and action, as appropriate.

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. No responses were received in time for inclusion in this 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 agency office.

The inspector would like to thank the responsible individual, service users and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 22 October 2018

There were no areas for improvement made as a result of the last care inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

Discussions with the responsible person confirmed that they were knowledgeable in relation to safe recruitment practices.

The inspector reviewed the induction records of three recently recruited staff, which evidenced that they had received an induction lasting at least three days which included mandatory training and shadowing with experienced staff. It was positive to note that staff completed a competency assessment following aspects of the induction training to confirm learning and understanding in regard to training received. The agency also supported staff newly registered with the Northern Ireland Social Care Council (NISCC) to complete the NISCC induction workbook. The responsible person agreed to support all new staff with completing the NISCC induction workbook if they had not completed the induction workbook before. This will help support the agency's current performance management systems and support staff to be clear about what they should be doing, how well they are performing and what they need to improve on.

The community supervisor described the system maintained by the agency to review, on a monthly basis, the information regarding staff registration and renewal dates which ensures compliance. A review of staff NISCC registration information with the community supervisor confirmed all staff are currently registered with NISCC.

The agency's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. Discussion with the responsible person and community supervisor confirmed that staff receive a combination of face to face mandatory training and training booklets which are distributed to staff in between training updates. In addition, the use of monthly training booklets enables the agency to be responsive and provide additional guidance



to staff as necessary. It was positive to note that staff had been provided training booklets addressing areas such as; behaviours which challenge, death and dying, depression, multiple sclerosis, bi- polar disorder, restraint and dietary management guidance. Staff are then required to complete a competency questionnaire on the training booklet received to evidence learning achieved. The agency confirmed that training updates had been scheduled for staff to attend in regard to manual handling and medication management.

Staff feedback regarding the agency's training was positive with staff commenting: "The training is very good, they keep a track on when you are due updates and let you know." "The training booklets are very good, we get one each month."

Discussion with the responsible person confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. Review of records evidenced that the agency have liaised with the SHCST in a timely manner to report potential safeguarding concerns. The agency have also been proactive in requesting feedback from the SHSCT regarding outcomes from safeguarding referrals.

The responsible person is the agency's identified Adult Safeguarding Champion (ASC) and she confirmed that arrangements were in place to complete the adult safeguarding position report due by 31 March 2020. Discussions with staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting safeguarding concerns and maintaining safeguarding records.

The responsible person was able to describe contingency arrangements that the agency has in place to minimise the risk of service delivery disruption in the event of unforeseen circumstances, including missed or late calls. The manager advised that in all such incidents a report is made to the commissioning HSCT which includes follow up actions taken. The agency maintains a record of all incidents and accidents which are audited on a monthly basis by the responsible person. A review of a sample of incidents since January 2019 evidenced that appropriate management of incidents and follow up actions, including liaison with service users' relatives and HSCT representatives was undertaken. The inspector advised that the incident records should be update to include learning outcomes which can then be shared as appropriate, to drive ongoing quality improvement. The responsible person agreed to address this.

Staff spoken with on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk, and the importance of reporting any issues to the management team in a timely manner. In addition, staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. They also confirmed they had effective access to management support and advice, including provision of out of hours.

Discussion with staff on the day of inspection raised no concerns in regard to having appropriate time to undertake their duties as per individual service users' care plans. They commented: "There is enough time to do the calls you need to do."

Staff confirmed that they felt care provided by the agency was safe. They reported that they were given relevant information to ensure that they could meet the needs of service users.

The responsible person, community supervisor and staff spoken to also demonstrated knowledge and understanding that the use of any restriction practices, such as bed rails, requires referral to the multi-disciplinary team to ensure that any restriction is appropriately minimised, assessed in partnership with all relevant parties, documented and reviewed as required. A staff member commented: "We can't use a bed rail unless we have received assessment and agreement from the trust."

No issues were raised by the service users spoken with regarding the care provided. They all confirmed that they could approach the carers and office staff if they had any concerns.

Following concerns raised by the SHCST regarding the agency's arrangements for the storage and retention of records. It was confirmed that they agency had not been compliant with the Regulation 21 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An area for improvement has been made in this regard.

### Areas of good practice

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

### Areas for improvement

An area for improvement was identified in regard to records management.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

#### 6.4 Is care effective?

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

The inspector reviewed the agency's arrangements for appropriately responding to and meeting the needs of people who use the service.

The responsible person advised that during an introductory visit, service users are provided with the agency's contact numbers (including out of hours arrangements), and the statement of purpose/service user guide, which provides details of how service users or their next of kin can give feedback to the agency regarding the quality of care. These documents include the agency's complaints procedure, the role of the Northern Ireland Public Services Ombudsman, and contact details for RQIA and a number of advocacy services. The inspector advised the responsible person to update the document to include the contact details for the patient and client council and to update the contact details for RQIA. The responsible person agreed to action this.

The agency provides care as commissioned by the relevant HSCT. The inspector chose a random sample of three service users' care records, which included relevant referral information, an agency care plan and agency risk assessment and SHCST multi-disciplinary assessments as appropriate.



The responsible person described the value the agency place on ensuring that service users are supported in an individualised manner in which their preferences and wishes are taken into account. Therefore, during the introductory visit the agency staff discuss with the service user and/or their relative, as appropriate, the referral for commissioned services and obtain consent to complete an agency care plan and assessments.

The agency's care plans were noted to be individualised, holistic and person centred. Service users' cultural needs, interests and hobbies were reflected in care plans. In addition to service users' preferences in regard to aspects of their care and support needs, care records also identified the goals to be achieved as a result of the care provided. This supported the care worker to achieve a balance between promoting service user autonomy and maintaining their safety. It also enabled service user outcomes to be more easily measured during subsequent reviews of the care services.

There was also evidence that service users' individual communication needs were assessed and reflected within the care plans. The inspector noted in the sample of care records viewed that service users or their representatives typically signed some documents. However, the agency's care plans were not signed by service users or their representatives as appropriate. The inspector stressed the importance of ensuring that care plans are signed by appropriate individuals to evidence consultation and agreement. The responsible person agreed to action this.

Discussion with staff on the day of inspection confirmed that they used the agency's care records to guide their practice and were also aware of the need to refer to the multi-disciplinary team if they noted any changes or concerns in regard to a service user's wellbeing. Examples of this were verified within the records and evidenced staff responding in a timely manner to ensure service users received additional support as necessary from the multi-disciplinary team.

Discussion with the responsible person and review of records confirmed there were systems in place to review the quality of care and ensure that the care services provided are appropriate to meet health and social care needs of service users. In relation to the records selected for inspection, it was noted that the agency undertakes a three and six monthly review with service users and their representatives. The agency is also proactive in obtaining feedback from the SHSCT regarding minutes of review meetings that SHSCT personnel have attended. The review records viewed provided positive feedback from service users and their representatives with regard to the care provided by the agency.

During the service user reviews, agency staff seek feedback from service users in regard to obtaining their consent to use the information gathered for improving the quality of care. This promotes an ethos in which service users' feedback is valuable.

The inspector noted that the care records reviewed were maintained in an organised manner and retained securely within the agency office.

Discussions with staff concluded that effective communication systems were in use within the staff team to ensure that staff receive information relevant to the care and support of service users. Staff comments included: "I have no concerns at all with the job role."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records 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
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage with service users in decisions relating to their care and support.

Staff referred to the sense of fulfilment/job satisfaction they receive while building positive relationships with service users. Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service users' confidentiality and consent. They recognised that giving and obtaining consent is a process, not a one off event. Staff comments included: "I enjoy my work." "The clients come first". "You always remember you are in their home and you are there to support them."

The inspector reviewed the agency's governance arrangements for quality assuring the care provided to service users. The inspector evidenced the system in place to ensure staff undergo spot checks to monitor and review care practices. This occurs twice a year or more frequently if any concerns are identified. A record is maintained of the spot checks in staff personnel records and a sample of records were reviewed on the day of inspection.

It was good to note that the agency responded to the advice of the inspector in regard to improving arrangements to monitor/measure how staff uphold service users' human rights. Post inspection the agency updated the staff spot check template to include an assessment of whether the care worker treated service users with dignity and respect, promoted their independence and obtained their consent for all tasks during the observation visit. The agency also updated the staff supervision template to include a review of how staff promote service users' human rights within their working role.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. The agency's statement of purpose/service user agreement also contains information relating to equality and diversity. The responsible person could describe how staff development and training equips staff to engage with a diverse range of service users. The agency agreed to review specific

training in the area of equality and diversity and to review and update the agency's policy on discrimination.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- individualised risk assessment
- adult safeguarding

The agency collects service users' equality data via their referral and care planning processes. This information includes: age, gender, disability, marital status. This information is used effectively and with individual service user involvement to provide person centred care.

### 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
<b>Total number of areas for improvement</b>	0	0

### 6.6 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.**

The inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The service is managed on a day to day basis by the manager with the support of the responsible person, a community supervisor, two administrators and a team of care workers. Staff who spoke with the inspector during inspection could clearly describe their roles, responsibilities and lines of accountability. The RQIA registration certificate was up to date and displayed appropriately.

Discussion with the responsible person confirmed that they had a good understanding of their role and responsibilities under the legislation. No concerns regarding the management of the agency were raised during the inspector's discussions with service users or staff.

Discussions with staff on the day of inspection evidenced positive working relationships in which issues and concerns could be freely discussed, and staff reported they were confident that they would be listened to. Staff comments included: “Could talk to Margaret or the manager if needed to and they always listen and will help.”

The agency maintained a complaints and compliments record, which was audited on a monthly basis. The responsible person described the complaints process which was in keeping with the agency’s complaints policy, as outlined in the statement of purpose. In addition, discussion with staff confirmed that they knew how to receive and deal with complaints and ensure management were made aware of any complaints. A review of the complaints from the last care inspection, confirmed that they were managed appropriately and included collaboration with and response to the SHSCT.

Staff confirmed that they were aware that the agency had a range of policies and procedures available to guide and inform their practice. These policies were noted to be maintained in a manner that was accessible to staff in the agency’s office. Staff also confirmed that the management team would provide updates at monthly staff meetings to help refresh their knowledge in regard to specific policies. This was verified in the minutes of a team meeting held during June 2019 in which staff received updates on maintaining service user confidentiality and the importance of recording and reporting.

Discussions with the responsible person, staff and review of a sample of staff personnel records evidenced that they agency has a system in place for undertaking individual supervision once a year with staff and an annual appraisal.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A sample of reports were reviewed from March 2019 to May 2019 and evidenced a review of the conduct of the agency and consultation with service users and other stakeholders. The inspector provided advice to the responsible person to improve the detail of the consultation with service users, staff and other stakeholders and to develop more meaningful action plans with timescales which will support the agency to drive quality improvement. The responsible person thanked the inspector for this advice and agreed to action.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	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 the responsible person, as part of the inspection process and serious concern meeting. 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 21 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>(b) retained for a period of not less than eight years beginning on the date of the last entry; and</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Responsible Person will ensure:</p> <ul style="list-style-type: none"> <li>-records are available when needed</li> <li>-records can be accessed</li> <li>- records can be interpreted</li> <li>-records can be trusted</li> <li>-records can be maintained through time</li> <li>- records are secure</li> <li>-records are retained and disposed of appropriately</li> </ul> <p>Staff members are responsible for maintaining records in the service user's home. This is monitored during staff supervisions and unannounced spot checks. Management will monitor during client reviews and monitoring visits. Team Leaders are required to submit completed observations and other relevant documentation to the office fortnightly. A locked box is provided for transportation to the office. The office administrators are responsible for the filing of completed documentation following auditing by the Responsible Person. Documentation will be stored in the office in locked filing cabinets, for a period of 6 months. Documentation will be collected by Morgan Document Security, once every 6 months and they will code boxed documentation. The documentation can be retrieved by Rathmournie within 4 hours. Morgan Document Security, are entrusted to dispose of documentation after 8 years by means of shredding. Rathmournie currently has a 3 year contract with Morgan Document Security. Computer data is regularly saved by Synology. The passwords are kept in a locked box which the Responsible Person and Manager hold the keys. Computer security is monitored daily and scans/updates completed as required.</p> <p>-</p>

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





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