

# Unannounced Domiciliary Care Agency Inspection Report 12 April 2016



## Rathmourne Domiciliary Care Agency

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Rathmourne Domiciliary Care Agency took place on 12 April 2016 from 09:30 to 16:15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

Two areas for improvement have been identified. Review of staff competency sign off in relation to induction shadowing and staff training to include managing challenging behaviour.

### Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

One area for improvement has been identified. The inclusion of all stakeholders in the annual quality review of service provision has been recommended for review within this report.

### Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified during this inspection.

### Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding managing changes in service user's needs.

No areas for quality improvement were identified during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

Other than those actions detailed in the previous quality improvement plan (QIP) there were no further actions required to be taken following the last inspection.

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

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

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service Details

<b>Registered organization/Registered person:</b> Rathmourne Domiciliary Care Agency/Mrs Margaret Mary Cunningham	<b>Registered manager:</b> Miss Caroline Anne Cunningham
<b>Person in charge of the agency at the time of inspection:</b> Mrs Margaret Cunningham and Miss Caroline Cunningham	<b>Date manager registered:</b> 4 September 2009

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report;
- Previous returned quality improvement plan;
- Record of notifiable events for 2015/2016;
- User Consultation Officer (UCO) report;
- Record of complaints notified to the agency (no complaints raised since the previous inspection)

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

- Discussion with the registered person, registered manager and community supervisor;
- Consultation with four staff;
- Examination of records;
- File audits;
- Evaluation and feedback.

Prior to the inspection the UCO spoke with three service users and six relatives, in the service users own home, on 15 April 2016 to obtain their views of the service. The service users interviewed reported that they received assistance with the following:

- Management of medication;
- Personal care;
- Meals;
- Sitting service.

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

On the day of inspection the inspector met with four care staff to discuss their views regarding care provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. No staff questionnaires were received by RQIA following the inspection.

The following records were examined during the inspection:

- Three service users home recording records;
- Recruitment policy and procedure;
- Three recently recruited staff members records;
- Induction policy and procedure, programme of induction and supporting templates;
- Three recently recruited staff members induction and training records;
- Three long terms staff members quality monitoring, supervision and appraisal records;
- Three long terms staff members training records;
- 2015 Annual quality report;

- Two staff duty rotas;
- Vulnerable adults policy and procedure;
- Whistleblowing policy and procedure;
- Two new service user records regarding referral, assessment, care planning and review;
- Three long term service user records regarding review and reassessment and risk assessment;
- Three long term service users quality monitoring records;
- Records management policy and procedure;
- The agencies service user guide/statement of purpose;
- Three compliments;
- Complaints policy and procedure;
- Three months of staff feedback/input to service user reviews;
- Three emails to trust professionals/keyworkers regarding service user agency reviews;
- Three monthly monitoring reports completed by the registered provider;
- Three relatives feedback as part of quality monitoring/review of package of care;
- Policies on reporting adverse incidents and accidents;
- Records of two incidents reportable to RQIA in 2015/2016.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 01 September 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last inspection dated 1 September 2015

Last care inspection requirements		Validation of Compliance
<b>Ref:</b> Regulation 15(12)(b)  <b>Stated:</b> First time  <b>To be Completed by:</b> With immediate effect	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The agency notified RQIA regarding two incidents since the previous inspection. Both incidents were appropriately notified to RQIA within the specified timeframes and confirmed by the inspector. Both incidents are centrally retained within the agency records.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time  <b>To be Completed by:</b> With immediate effect	The record maintained in the service user's home is recommended to be compliant with Standard 5.2.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed by the inspector for three long term service users were viewed as compliant.  Review of records by the UCO during service user home visits highlighted times of calls where not consistently recorded. This matter was discussed with the registered person and assurances provided that this matter would be monitored and kept under review.	

### 4.3 Is care safe?

The agency currently provides services to 120 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

Three files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member however; part three of the induction shadowing process was not signed off by the agency regarding competency assessments carried out for each new care worker. This matter has been recommended within the QIP. The agency also incorporated the Northern Ireland Social Care Council (NISCC) induction standards within their induction process and this was evidenced during inspection within the records. Two of the four care staff interviewed during the inspection day, had commenced employment within the previous two years. Both staff described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by all of the service users/relatives interviewed that there were no concerns regarding the safety of care being provided by Rathmourne. New carers had been 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 maintaining the consistency of care to be delivered to the service user.

No issues regarding the carers' training were raised with the UCO; examples of care delivered discussed by service users/relatives included working with service users with dementia and limited mobility. All of the service users/relatives interviewed confirmed that if they had a concern they could approach carers and/or office staff. Examples of some of the comments made by service users or their relatives are listed below:

- "No worries at all."
- "The girls would bend over backwards to help us."
- "All very trustworthy."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance in accordance to the required standards and was updated during the inspection day to reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) vulnerable adults guidance issued in July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas with exception to challenging behaviour. This area of training has been recommended in accordance with standard 12.3. Other areas of training relevant to service users care needs are provided by the agency. Workbooks regarding supporting people with dementia were reviewed by the inspector. These were noted to be appropriate.

Each of the four care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They also described their responsibility in relation to reporting poor practise and their understanding of the agencies policy and procedure on whistleblowing.

Records reviewed for three long term staff members mandatory training, quality monitoring, supervision and appraisal were confirmed as compliant with exception to training in the areas of fire safety, infection control and managing challenging behaviour, a recommendation has been made.

Staff feedback during inspection reported service users as being safe and protected from harm with care plans and risk assessments in place. No RQIA staff questionnaires were received post inspection.

A sample of three service user files confirmed that the agency management team had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency was seldom invited to contribute either in writing or attend the commissioning trust arranged care review meetings with service users/representatives. The agency manager confirmed that trust representatives were contactable when required. The registered manager confirmed the agency complete their own programme of quality monitoring in line with the agency policy and procedure. The agency provides feedback to the trust commissioners following the agency reviews and evidence of this feedback was reviewed during inspection.

The agency's registered premises includes two offices and staff facilities suitable for the operation of the agency as set in the Statement of Purpose. Review of records management arrangements within the agency supported the view that appropriate storage and data protection measures were being maintained.

## Areas for Improvement

Two areas for improvement were identified during the inspection.

The agency has been recommended to review staff competency sign off in relation to induction shadowing in accordance with standard 12.1. Staff training is also recommended to include managing challenging behaviour in line with standard 12.3 and to ensure all staff training is up to date.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>2</b>
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### 4.4 Is care effective?

The UCO was informed by a number of the service users and relatives interviewed that there were some variation in call times; however care was not being rushed. The service users/relatives interviewed also advised that they had not experienced any missed calls from the agency.

Service users reported that they were normally introduced to new carers by a regular carer or supervisor. It was also confirmed that new carers had been made aware of the service users' care needs.

Service users/relatives reported no concerns regarding communication between themselves and the agency carers and office staff. They confirmed that management from the agency carry out regular home visits and phone calls. Some of the people interviewed confirmed that they had received a questionnaire from Rathmourne asking for their views on the service. All of the service users and relatives interviewed by the UCO reported that they are involved in trust reviews regarding their care package.

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

- "The consistency of carers is good; makes it easier for XXX."
- "Everything's going well."
- "The manager is very attentive and approachable if necessary."

The UCO reviewed the agency's documentation relating to the six service users; it was noted that there was some variation in call times and times were not recorded for a number of visits. The matters were discussed with the registered provider and are to be kept under review.

The agency's policy and procedure on 'Management of records' had been revised during 2015. The agency has recording templates in each service users' home file on which care workers recorded their visits. The inspector reviewed three completed records returned from service user's homes, which confirmed appropriate procedures however, gaps were identified by the UCO during their review of home records. These matters were discussed with the registered person for review.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs are identified. Staff feedback also confirmed ongoing monitoring/ spot checks by their manager to ensure effective service delivery.



The registered manager confirmed ongoing discussion of records management during staff team meetings and during training updates, discussion with four staff during the inspection supported ongoing review of this topic. Minutes of staff meetings are not currently recorded and retained and this was discussed during inspection. The manager provides assurances that meeting minutes would be retained going forward.

Service user records viewed in the agency office included referral information received from the HSC Trust care bureau and contained information regarding service users and/or representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users and/or representative's views had been obtained and where possible, incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carries out care reviews with service users six monthly and telephone contacts monthly along with annual questionnaires to obtain feedback on services provided. Service user files also contained evidence of communication between the agency and care managers where changing needs were identified and reassessments result in amended care plans. The agency also maintain a system of providing updates to trust professionals following agency reviews with service users and evidence of this process was reviewed during inspection. Care staff were included in this process with feedback sought from staff prior to the service user/agency review.

The agency had completed their annual quality review report for 2015, with a summary report of findings and improvements planned. The registered manager confirmed the summary report is provided to all service users upon request as detailed within the services users' six monthly quality review record. The content of the annual quality review report was discussed with the registered manager and responsible person. The inspector recommended that the report be expanded to include feedback from staff and commissioners of their service.

Staff interviewed on the day of inspection confirmed they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

Service users and relatives spoken with by the UCO, staff spoken with during the inspection and a review of agency rotas suggested the agency had appropriate staffing levels in various roles to meet the needs of their service user group.

No staff questionnaires were received post inspection.

## Areas for Improvement

One area for improvement was identified during the inspection.

The agency has been recommended to include staff and commissioners into the annual quality review process for the agency.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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### 4.5 Is care compassionate?

All of the service users/relatives interviewed by the UCO felt that care is compassionate. Carers treat them with dignity and respect, and care is not being rushed. Service users, as far as possible, were given choice in regards to meals and personal care. During the home visits the UCO observed interactions between two carers and a service user; these were felt to be appropriate and friendly in nature.

Views of service users and relatives are sought through home visits, phone calls and questionnaires to ensure satisfaction with the care being provided by Rathmourne. Examples of some of the comments made by service users or their relatives are listed below:

- “Never had any problems.”
- “The girls are flexible with call times which I appreciate.”
- “The service is above my expectations.”

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user’s homes on a regular basis. From the records reviewed by the inspector no staff practice issues were identified during spot checks and monitoring visits.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices relating to individual service users wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy reviewed during inspection.

The agency implement service user quality monitoring practices on a bi annual basis through home visits alongside monthly phone contact. Quality monitoring from these processes alongside monthly registered person contact (monthly quality reports) and the annual quality review of services reviewed evidenced positive feedback from service users and their family members. A visit to the agency by a relative during the inspection further supported the quality of service provided.

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

'We are so grateful for the professional kindness and help that your wonderful staff are providing' (Thank you card dated November 2015).

'I would like to put on record my appreciation for all the carers who looked after me recently, they did their job with great respect and care and always with a smile and good humour. Your clients are lucky with your agency looking after them' (Thank you card January 2016)

'For your dedicated, friendly and loving care you gave to XXX over the past many years' (Thank you card February 2016)

### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person Mrs Margaret Cunningham, registered manager Ms Caroline Cunningham and the community supervisor the agency provide domiciliary care and support to 120 people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedure manual was reviewed and contents discussed with the registered person, manager and supervisor. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

All of the service users/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 agency's complaints procedure viewed was found to be appropriately detailed, including details of independent advocacy services. The complaints information was also reviewed within the service user guide during inspection and found to be appropriate. The complaints log was viewed for 2015 and 2016 to date, with no complaints recorded. Monthly quality monitoring reports recorded a section for complaints review ongoing as necessary.

Discussion with the registered person, manager and community supervisor and review of records evidenced that systems were in place to ensure that notifiable events were

investigated and reported to RQIA or other relevant bodies appropriately. Records viewed did not require staff disciplinary action.

No commissioning trust contract compliance matters had arisen since the previous inspection.

The inspector reviewed the monthly monitoring reports for January to March 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

The four care workers interviewed indicated that they felt supported by senior staff who were described as approachable and helpful. The on-call system in operation was described as extremely valuable to them for seeking advice but also as a support and reassurance outside office hours. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in helping them to provide quality care to service users.

Staff also reflected that current staffing arrangements are appropriate in meeting service user's needs.

Ongoing communications with trust professionals were presented for review during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Margaret Cunningham (registered person), the registered manager Miss 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) 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 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 12.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> With immediate effect from the date of inspection</p>	<p>Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.</p> <p>In relation to competency sign off for staff shadowing during induction.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> A competency sign off for staff shadowing during induction, has been compiled and will be completed as inductions progress.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 12 July 2016</p>	<p>Mandatory training requirements are met</p> <p>In relation to restraint/challenging behaviour, fire safety and infection control training.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> A Fire Safety Training Booklet has been issued to all staff in May and a questionnaire will follow in June. Fire Safety training will be updated every 6 months as required. Infection Control Training has been updated with Health Matters Training Agency in May and will be updated as required. A training booklet will be provided on restraint/challenging behaviour in June. The policy and procedure on Responding to Client Behaviours has been updated and provided to all staff.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b></p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>In relation to staff and commissioner feedback.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> All commissioners and relevant others have been contacted and requests made for feedback during monthly reviews. A commissioner Quality of Care Questionere will be forwarded in November to contribute to the Annual Audit. All staff provide feedback for the monthly reviews.</p>

*\*Please ensure this document is completed in full and returned to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) from the authorised email address\**



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