

Unannounced Care Inspection Report

27 April 2017



Rathmourne Domiciliary Care Agency

Type of service: Domiciliary Care Agency/Conventional

Address: 20 Downpatrick Street, Rathfriland, BT34 5DG

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Inspector: Jim McBride

User Consultation Officer: Clair Mc Connell

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Rathmourne took place on 27 April 2017 from 09.15 to 13.45.

The inspection sought to assess progress with any issues raised 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.

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. The inspection outcomes demonstrated compliance with regulations and standards.

No areas for improvement have been identified.

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 robust 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. The inspection outcomes demonstrated continuing compliance with regulations and standards.

No areas for improvement have been identified.

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. The inspection outcomes demonstrated continuing compliance with regulations and standards.

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. The inspection outcomes demonstrated continuing compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs M Cunningham Registered Provider & Ms C Cunningham Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 12 April 2016.

2.0 Service details

Registered organisation/registered person: Rathmourne Domiciliary Care Agency Mrs Margaret Cunningham	Registered manager: Miss Caroline Cunningham
Persons in charge of the service at the time of inspection: Mrs Margaret Cunningham & Miss Caroline Cunningham	Date manager registered: 04/09/2009

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 2016/2017;
- User Consultation Officer (UCO) report;
- Record of complaints notified to the agency;
- Communications with the agency.

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

- Discussion with the registered person, registered manager and community supervisor;
- Examination of records;
- File audits;
- Evaluation and feedback.
- Service users home recording records;
- Recruitment policy and procedure;
- Recently recruited staff member's records;
- Induction policy and procedure programme of induction and supporting templates;
- Recently recruited staff member's induction and training records;
- 2016 Annual quality report;
- Staff duty rotas;
- Service user records regarding referral, assessment, care planning and review;
- Quality monitoring records;
- Staff training records including:
 - Safeguarding;
 - Medication;
 - Child protection;
 - Health and safety;
 - Infection control;
 - Moving and handling.
- The agencies service user guide/statement of purpose;
- Complaints;
- Service user reviews;
- Monthly monitoring reports completed by the registered provider

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. It was disappointing to note that staff questionnaires were received by RQIA following the inspection.

Prior to the inspection the UCO spoke with four service users and eight relatives, either in their own home or by telephone, between 6 and 10 April 2017 to obtain their views of the service. The service users interviewed have 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.

4.0 The inspection

Rathmourne is a domiciliary care agency providing community based service provision to 150 service users living in their own home. The service operates from a central base in Rathfriland and provides services within the locality areas of Newry and Mourne.

Services are offered by approximately 48 staff and mainly focus on the provision of personal care, meals, domestic tasks and sitting service (day and night) with referrals received from the Southern Health and Social Care Trust (SHSCT).

4.1 Review of requirements and recommendations from the last care inspection dated 12 April 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.1 Stated: First time	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. In relation to competency sign off for staff shadowing during induction.	Met
	Action taken as confirmed during the inspection: A competency sign off for staff shadowing during induction, has been compiled and have been completed as inductions progress. The records in place were satisfactory.	
Recommendation 2 Ref: Standard 12.3 Stated: First time	Mandatory training requirements are met In relation to restraint/challenging behaviour, fire safety and infection control training.	Met
	Action taken as confirmed during the inspection: A Fire Safety Training Booklet was issued to all staff in May 2016 and a questionnaire followed in June. Fire Safety training will be updated every 6 months as required. Infection Control Training was updated in May and will be updated as required. A training booklet has been provided on restraint/challenging behaviour. The policy and procedure on Responding to Client Behaviours has been updated and provided to all staff. The records in place were satisfactory.	

Recommendation 3 Ref: Standard 8.12 Stated: First time	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. In relation to staff and commissioner feedback.	Met
	Action taken as confirmed during the inspection: All commissioners and relevant others have been contacted and requests made for feedback during monthly reviews. A commissioner Quality of Care Questionnaire was forwarded in November to contribute to the Annual Audit. All staff provide feedback for the monthly reviews. The records in place were satisfactory.	

4.2 Is care safe?

The agency currently provides services to 150 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.

Staff 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. The agency has incorporated the Northern Ireland Social Care Council (NISCC) induction standards within their induction process and this was evidenced during inspection of records. The agency's recruitment and induction training processes are in line with those found within the agency procedures and records.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Rathmourne. New carers had been introduced to the service user by a regular member of staff or manager; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Had a very good experience."
- "So careful with my XXX."
- "Never had cause to complain."

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 registered provider is named as the responsible Safeguarding champion with key responsibilities as follows:

- To provide information and support for staff on adult safeguarding within the agency;
- To ensure that the agency's adult safeguarding policy is disseminated;
- To advise within the agency regarding adult safeguarding training needs;
- To provide advice to staff;
- To support staff to ensure that any actions take account of what the adult wishes to achieve;
- To establish contact with the HSC Trust Designated Adult Protection Officer (DAPO), PSNI, RQIA and other agencies as appropriate;
- To ensure accurate and up to date records are maintained;
- To compile and analyse records of reported concerns.

The agency's whistleblowing policy and procedure was found to be satisfactory.

The inspector noted a training booklet produced by the agency for staff, which outlines safeguarding issues and includes indicators of abuse. Following training staff must complete a post training questionnaire that includes the following areas of learning:

- Who is a vulnerable adult;
- What are the forms of abuse;
- What are the signs off abuse;
- What is a safeguarding champion;
- Who is the agency's safeguarding champion;
- What is the procedure if you suspect abuse;
- How should this be documented;
- How are you supported if there has been a disclosure of abuse?

The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2016 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2017 was viewed and contained each of the required mandatory training subject areas. Other areas of training relevant to service users care needs are provided by the agency.

Staff 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 staff member's mandatory training, quality monitoring, supervision and appraisal were confirmed as compliant. Staff feedback during inspection reported service users as being safe and protected from harm with care plans and risk assessments in place.

A sample of service user files confirmed that the agency management team had been carried out with service users/representatives to ensure service user needs were being met. 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 records in place were satisfactory. The inspector noted some of the comments from service users and relatives following review:

- “I’m happy with the care I receive and the care workers who call.”
- “Both the family and the client are happy with the care.”
- “A very high standard of care is provided to my *****.”
- “I’m very happy with the input.”
- “I could not manage without them.”

The agency’s registered premises include two offices and staff facilities suitable for the operation of the agency as set in the Statement of Purpose. The inspector noted that the agency premises have been recently refurbished.

Review of records management arrangements within the agency supported the view that appropriate storage and data protection measures were being maintained.

Staff comments during inspection:

- “The staff know the runs well and have good knowledge of the clients.”
- “Staff are responsive to emergencies.”
- “Training is excellent and staff keep up to date.”
- “Good communication keeps clients safe.”
- “Staff are aware of agency policies and procedures.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The agency has recording templates in each service users’ home file on which care workers recorded their visits. The inspector reviewed a sample of completed records returned from service user’s homes, which confirmed appropriate procedures.

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.

Minutes of staff meetings were examined by the inspector and some of the discussion topics included:

- New service users;
- Training;
- New staff;
- Care plans;
- Safeguarding;

- Health and safety;
- Staff rota changes.

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.

It was noted that the manager or provider visit or contact service users prior to the commencement of services.

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.

The agency had completed their annual quality review report for 2016, 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 noted some of the positive comments provide to the agency during the annual review process from HSC Trust staff:

- "I'm happy to advise that I'm pleased with the care reviews."
- "The family are very happy with the care provided."
- "The service is of a high standard."
- "No concerns."
- "Good communication between us and the agency."

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 service users.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer or manager.

No issues regarding communication between the service users, relatives and staff from Rathmourne were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place as well as questionnaires from the agency to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place.

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

- "Happy with the care."
- "Couldn't do without them."
- "No problems with them."

Staff comments during inspection:

- "The clients have the same regular carers."
- "Continuity of care is important."
- "We have a holistic approach to the care and support."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate and not rushed. The service users and relatives advised that carers treat them with dignity and respect; no issues in regards to confidentiality were raised with the UCO.

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

- "Very happy with the girls."
- "The consistency is great. We have got to know them all now."
- "All good with XXX."
- "The girls are excellent."

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 feedback also confirmed ongoing monitoring/ spot checks by their manager to ensure effective service delivery. The inspector noted some of the areas examined during spot checks:

- Staff appearance;
- Approach to the client;
- PPE;
- Adherence to manual handling;
- Record keeping.

The inspector noted some of the comments made by the senior staff during spot checks;

- “Good communication with the client.”
- “A friendly and polite approach.”
- “All tasks completed as per the individual care plan.”
- “Greeted the client in a cheerful manner.”
- “***** provided a high standard of record keeping in all tasks.”
- “***** has an excellent knowledge of all aspects of care.”

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 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.

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

- “Thank you so much for the ladies who provided exceptional care to my mother’s life.”
- “I’m as happy as the flowers in May.”
- “Could not get better care.”
- “I could not put into words how good the girls care is and how much we appreciate all the good care.”
- “The carers who looked after me recently did their job with great respect and care, with a smile and good humour.”
- “I’m very thankful for the care and support.”
- “As a family we really appreciate all the care provided. Everyone is very good.”

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by the registered provider. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance.

Quality monitoring reports included consultation with a range of staff, relatives and HSC Trust professionals. The inspector noted some of the comments made by service users, relatives and HSC Trust professionals during the monthly quality monitoring:

Service users:

- “I like the carers coming in.”
- “Very friendly girls.”
- “Could not get better girls.”

Relatives:

- “I’m happy with everyone.”
- “The agency has provided great support to both my parents.”
- “Great bunch, they go the extra mile.”
- “I’m very pleased with the quality of care, the carers are very professional.”
- “All carers are a credit to the agency.”

HSC Trust:

- “The agency is very responsive to the changes to care packages.”
- “Communication from the agency is excellent both with service users and families.”
- “The care provided is of a high standard, staff are courteous and helpful at all times.”

Staff comments during inspection:

- “Client choices are respected.”
- “Staff are caring and have a good emphatic approach.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 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 150 people living in their own homes.

The Statement of Purpose and Service Users Guide (April 2016) 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 and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews. Examples of some of the comments made by service users or their relatives are listed below:

- “First class service.”
- “We get great support from *****.”
- “***** is very amenable.”

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 2016 and 2017 to date, with four complaints recorded. These were found to be fully satisfied with service users whilst some discussion is ongoing with HSC Trusts. 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.

The inspector reviewed the monthly monitoring reports from February to April 2017. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

Staff interviewed indicated that they felt supported by the managers 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.

Feedback provided to the inspector and the UCO indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff and the managers. It was evident to the inspector that effective partnership working with HSC Trust professionals has resulted in positive outcomes for service users.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide (April 2016) are kept under review, and have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

The inspector was informed by the registered provider that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that a number of staff are registered with NISCC. Documentation in place showed that the remaining staff are awaiting their registration certificates.

Staff comments during inspection:

- “The manager has an open door policy and is always available to staff.”
- “The provider and the manager are supportive and friendly.”
- “Very supportive employers.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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