

Unannounced Care Inspection Report

29 April 2019



M Care (NI) Ltd

Type of Service: Domiciliary Care Agency
**Address: Graham House, Knockbracken Healthcare Park,
Saintfield Road, Belfast BT8 8BH**
Tel No: 02890703703
Inspector: Caroline Rix

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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

M Care (NI) Ltd is a domiciliary care agency based in Knockbracken Healthcare Park, Saintfield Road, Belfast. The agency provides domiciliary care provision to approximately 728 service users living in their own homes. The agency has a current staff compliment of 231 domiciliary care workers offering services which incorporate both personal care and domestic support. The service users in the main are older people, but some have physical disabilities, learning disabilities and mental health care needs. The services are commissioned by the Southern Health and Social Care Trust and the South Eastern Health and Social Care Trust (HSC trusts).

3.0 Service details

Registered Organisation/ Provider: M Care (NI) Ltd Responsible Individual: Patrick John Miskelly	Registered Manager: Caroline Smyth (Acting)
Person in charge at the time of inspection: Operational manager	Date manager registered: Not applicable

4.0 Inspection summary

An unannounced inspection took place on 29 April 2019 from 09.30 to 16.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. The Health and Personal Social Services, (Quality Improvement and Regulation) (Northern Ireland) Order 2003.

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 assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted the provision of care to the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

It was clear that the agency promotes the service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the operational managers, 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.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- Previous RQIA inspection report
- Record of notifiable events
- All correspondence received by RQIA since the previous inspection

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

During the inspection the inspector spoke with three operational managers, the Personnel manager, and four care workers and contacted the responsible person by telephone. Their feedback has been included throughout this report.

At the request of the inspector, the operational manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Six responses were received. Analysis of feedback is included within the report.

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 care. Three questionnaires were returned and their feedback indicated they were 'satisfied' or 'very satisfied' with the service provided.

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.

During the inspection process the inspector had the opportunity to talk with three service users and one relative by telephone. The overall perception of the service was good; the comments were mainly positive.

These are some of their comments:

- "I am very happy with the service. The girls do a marvellous job for my mum."

- “I have no problems, couldn’t complain about care I receive.”
- “We are very happy with the service we receive and have a good relationship with the staff team.”

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 1 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.

The agency’s staff recruitment policy and procedure was discussed with the operational manager who was knowledgeable in relation to safe recruitment practices.

The monthly monitoring reports viewed confirmed that an audit of staff files, including all pre-employment records is carried out on a regular basis, to ensure information is obtained in accordance with required regulations. Records viewed by the inspector confirmed a system for auditing of staff records is in place.

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered or have applied to be registered with the Northern Ireland Social Care Council (NISCC), in keeping with the NISCC registration timeframe. The operational manager discussed the system in place to identify when staff are due to renew registration with NISCC and the inspector viewed their checklist confirming this process.

The induction programme for staff was viewed, which included a detailed induction timetable and support mechanisms in place. Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff which included shadowing other experienced staff.

One service user commented:

- “The time new staff spend shadowing should be extended, where service users have complex care needs to be fully understood.”

This area was discussed with the operational manager who agreed to review the timescales for staff shadowing other experienced staff. Discussions with staff on the day of inspection confirmed that their induction had been appropriate and provided them with the skills to fulfil the requirements of their job roles. This practice supports service users to receive a service in which their dignity has been respected i.e. through introductions to new care workers prior to service delivery.

The inspector reviewed the agency’s training plan and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staffs attend a range of training necessary to meet the individual needs of service users including; dementia awareness, stoma care diabetes awareness, communication skills and palliative care. A service user spoken with during the inspection suggested that the agency provide staff with more disability awareness training. This was discussed with the operational manager who agreed to review their training programme to address this matter. Staff spoken with described the value of the additional training received in improving the quality of care they provided and their understanding of service user’s human rights in all aspects of their lives. One staff member commented: “Refresher training is very good, we can ask if need to learn about something new, like specialist rotating bed training recently.”

There were systems in place to monitor staff performance including spot checks and training feedback and to ensure that they received support and guidance.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed and found to provide information and guidance for staff as required. The role of the Adult Safeguarding Champion (ASC) was discussed. The three operational managers demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. It was noted that an operational manager has been appointed to the ASC position and training for their role is planned for 10 May 2019. The ASC will be required to complete an annual safeguarding position report and this will be reviewed during the next inspection.

From the date of the last care inspection there had been four referrals made to the relevant HSCT in relation to an adult safeguarding matters. Records reviewed indicated these matters were not consistently managed in accordance with the regional safeguarding protocols and the agency’s policies and procedures. The HSC Trust had met with the agency to liaise in relation to on-going management of safeguarding reporting, in line with appropriate referral pathways, and were satisfied appropriate action has been implemented.

The staff spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

Discussion with staff on the day of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users’

care plans. They confirmed that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users' experience of the service in line with their human rights.

The inspector was advised by the service users and relative spoken with, that they had no concerns regarding the safety of care being provided by the agency. New carer workers are usually 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 that the new care worker had knowledge of the required care.

All of the service users consulted with confirmed that they could approach the care workers and office staff if they had any concerns. Example of comments made by a service user and relative:

- "I can speak to the girls or call someone at the office with any problems, however, not likely to be needed."
- "My relative has a special connection with the care workers, they know her so well, she calls one girl a 'fuss pot' because she double checks her oxygen."

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes. The inspector discussed the recent changes the Northern Ireland Ambulance Service (NIAS) has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector was advised by the operational manager that plans are underway to review arrangements for managing such accidents in conjunction with the commissioning HSC trust.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that detailed risk assessments had been completed where relevant, in conjunction with physiotherapist, occupational therapists, district nurse, service users and their representatives.

Staff presented as knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and wishes are taken into account. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had and an ability to balance risk with the wishes and human rights of individual service users.

Staff confirmed that they felt care being provided was safe. They described how they observe service users, noting any change in dependency, ability or behaviour and quickly taking appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

The returned questionnaires from service users indicated that they were 'very satisfied' that the care was safe.

The returned questionnaires from staff indicated that the majority were 'satisfied' or 'very satisfied' that the care was safe; however, two were 'very unsatisfied'. No comments were noted on the returned staff surveys.

Care records and information relating to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with legislation and guidelines.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training and the agency's risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection.

Three service users' records reviewed by the inspector were noted to include referral information received from the relevant HSC trust. The care plans and risk assessments had been confirmed during the initial service visits and contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated. Service users were enabled to exercise the maximum amount of choice and control in the care planning of their commissioned individual care arrangements with the agency.

There was evidence in records reviewed that service users rights were recognised. For instance, the inspector noted a number of consent forms signed by a service user with regard to staff administering medication.

The operational manager confirmed that during their initial visit, service users are provided with a pack containing a service user guide which is discussed with them. In addition, a risk assessment is completed by agency staff. The documentation evidenced a transparency between the agency and service users/relatives regarding any assessed care/ support needs and expectations. Care plans included information about people's preferred communication. Two files viewed contained recently expanded information in relation to thickened food and fluids, with an easy to follow graph to ensure where needed, safe practise is understood by service users, relatives and staff.

The inspector noted that the agency has collaborated effectively with a range of HSC representatives in relation to managing service user's care needs.

The agency has in place robust arrangements for identifying and managing service failures in a timely manner including missed or late calls. These included ‘client diary logs and contact with service users and their representatives. Staff demonstrated a clear understanding of their reporting processes if they are going to be late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user’s home.

A sample of service user files confirmed that management staff from the agency had carried out care review meetings with service users/relatives to ensure their needs were being met and in addition had made regular contact by phone and during monitoring visits. These visits identified that service users are valued as individuals and are listened to and what is important to them is viewed as important by the agency.

The operational manager confirmed that they are usually invited to attend or contribute in writing to the HSC trust arranged care review meetings with service users/relatives. The records evidenced that an amendment form from the HSC trust detailing agreed changes to the original care plan had been provided.

The returned questionnaires from service users indicated that they were ‘very satisfied’ that the care was effective.

The returned questionnaires from staff indicated that the majority were ‘satisfied’ or ‘very satisfied’ that the care was effective, with two ‘very unsatisfied’.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Staff spoken with was aware of issues relating to consent. It was noted that consent had been sought from service users, in relation to staff entering their homes in line with their human right to a private life, and how this could be facilitated if the service users were unable to answer the door. The staff spoken with also gave examples of the importance of involving service users in making decisions about their own care.

They spoke about respecting service users' rights to decline care and in recognising the best times for service users to make certain decisions.

One staff member described their need to balance and respect service users choices where a service user with diabetes declines their meal, and described clearly the steps suggested to avoid the service user being at risk or becoming ill. Staff identified the need to continually communicate with service users.

Staff were respectful of the fact they were working in a service users' own home. All staff spoken with described the value of building relationships with service users, both in gaining their trust and developing and understanding of their particular wishes and preferences. It was good to note that staff were promoting the autonomy of service users.

Staff spoken with commented:

- "It is so important that we visit the same service users as far as possible, the best way to build up trust and to learn their special needs, wishes and routines."
- "Job so rewarding when service users are pleased to see me arrive. We have some service users who have dementia and don't remember my name but I get a big smile when I arrive, they are relaxed and at ease."
- "Really enjoy the work. Some service users decline assistance with washing and changing. We can be flexible and offer alternatives to provide the care at a later time, so their skin doesn't breakdown or other complications avoided."

The service users and relative spoken with advised that care workers treated them with dignity and respect, and care has not been provided in a rushed manner. Service users, as far as possible, indicated that they are given their choice in regards to meals and personal care.

Example of comments made by service users and a relative below:

- "I couldn't be happier with the fantastic service. They go above the call of duty, recently helped my relative when her flat flooded, we couldn't thank them enough."
- "The girls know my particular care needs and I get the help I need."

There are processes in place to promote effective engagement with service users, they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

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

- 'Our gratitude to all the staff who looked after xxx. They made her comfortable and were so kind and friendly to us all.' (Thank you care from a late service users family).
- 'Thanks to the staff, they chat away to my relative, bring him out of himself-he chats away to them more than ever and loves a bit of banter.(Verbal feedback from service users relative)

The returned questionnaires from service users indicated that they were 'very satisfied' that the care was compassionate.

The returned questionnaires from staff indicated that two were 'very unsatisfied' but the majority were 'satisfied' and 'very satisfied' that the care provided was compassionate.

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
Total number of areas for improvement	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 promote quality improvement.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

RQIA has been aware the management of the agency has been provided by an acting manager for some time. The responsible person has been contacted to discuss their need to appoint a registered manager. The responsible person has provided an assurance that this matter is being addressed.

The acting manager is supported by three operational managers, a personnel manager, quality monitoring officers, training officer and teams of care workers.

The current registration certificate was up to date and displayed appropriately. Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey.

The inspector noted a range of feedback received by the agency following their annual quality review in December 2018. The inspector noted that the information collated into the agency's annual report contained information received from service users, staff and commissioners. Their annual report had been shared with service users and staff in February 2019 and included mostly positive feedback, with some suggestions regarding their telephone system acknowledged and addressed.

The agency's quality monitoring reports were reviewed for the past two months. These reports evidenced that the monitoring of the quality of service provided was being consistently maintained in accordance with minimum standards. Each report contained a summary of consultation with service users, their relatives, staff and other relevant HSC representatives and evidenced how any issues arising had been managed. The reports also included details of a review of accidents, incidents, staffing arrangements, training undertaken and audits of documentation.

The agency maintains and implements a policy relating to complaints. The inspector noted a number of complaints had been received since the last inspection. Records reviewed confirmed that each was appropriately managed in accordance with the agency's policy and each matter had been resolved. All of the service users spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. This evidenced that service users/relatives have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with their policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision meetings, team meetings and appraisal in line with the agency's policy and procedure; records provided to the inspector confirmed this.

The staff spoken with confirmed that there had good working relationships with management who were responsive to any suggestions or concerns raised. Staff spoken with commented:

- "The office staff are all very approachable at any time. They come back to me quickly when I report any concerns to keep me updated."
- "We are reminded to record and report any service user's changes right away to the office. I reported a service user had blisters on skin recently, this was quickly followed up with the family and GP and I got a phone message back. It is reassuring to know they are on the ball."

The inspector discussed arrangements in place that relate to the equality 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. The operational manager was able to discuss the ways in which staff development and training equips staff to engage with a diverse range of service users. Some of the areas of equality awareness identified during the inspection include: effective communication, service user involvement, advocacy, equal care and support, individual person centred care.

The agency collects equality data of service users such as; age, gender, disability, marital status via their trust referral information process.

The returned questionnaires from staff indicated that two were 'very unsatisfied', but the majority were 'satisfied' and 'very satisfied' that the service was well led. No comments were provided by any respondent.

The inspector discussed the staff feedback with the operational manager on 16 May 2019. She indicated that the management team are always available for staff to approach if they wished to raise any concerns or complaints regarding their service. The operational manager provided an assurance that each operational manager will be encouraging their staff to come

forward with any issues they may have in an effort to address or resolve them. This will be an area discussed at team meetings and at individual staff supervisions.

The returned questionnaires from service users indicated that they were 'satisfied' or 'very satisfied' that the service was well led.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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