

Unannounced Care Inspection Report 6 July 2018



Quality Care Services – Lisburn

Type of Service: Domiciliary Care Agency
Address: 5 Lagan House, Sackville Street, Lisburn, BT27 4AB
Tel No: 02892 602527
Inspector: Jim McBride
Clair Mc Connell: User Consultation officer (UCO)

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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

Quality Care Services Lisburn is a domiciliary care agency based in Lisburn, formerly known as Mears Care. The ownership of the agency changed at the start of this year (2017). Under the direction of the manager Paul Doran, a staff team of 84 provides care services to 140 service users in their own homes. These service users are mostly frail elderly, but some have physical disabilities, learning disabilities and mental health care needs. The service users live in the Belfast and Co Down geographical areas. The services provided range from personal care, practical and social support and include sitting services. Their services are commissioned by the Belfast Health and Social Care Trust and the South Eastern Health and Social Care Trust (HSC trusts).

3.0 Service details

Organisation/Registered Provider: Quality Care Services Ltd Responsible Individual: Miss Julie Elizabeth Hunter	Registered Manager: Mr Paul Doran (registration pending)
Person in charge at the time of inspection: Mr Paul Doran & Mrs Ursula Monan (Regional manager)	Date manager registered: Registration pending

4.0 Inspection summary

An unannounced inspection took place on 6 July 2018 from 09.00 to 14.30.

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

The ownership and management of the agency had recently changed, with the manager Paul Doran being supported by the organisations regional manager.

Staff comments:

- “My induction prepared me for my role.”
- “I completed a five day induction that included the role of care and support to service users.”
- “I communicate with staff every day.”

Service users and relatives spoken with by the User Consultation Officer (UCO), provided positive mostly feedback regarding the service provided by Quality Care Services Lisburn in regards to safe, effective, compassionate and well led care. The staff spoken with during inspection provided positive feedback in terms of their work within the agency.

Areas for improvement:

A number of areas for improvement have been highlighted during this inspection including:

- staff supervision records
- staff training records
- monthly quality monitoring
- individual care plans.

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	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Paul Doran manager and Mrs Ursula Monan regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 21 July 2017.

No further actions were required to be taken following the most recent inspection on 21 July 2017.

5.0 How we inspect

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

- previous inspection report
- record of notifiable events for 2017/2018
- records of complaints notified to the agency
- all communication with the agency
- User Consultation Officer (UCO) report.

As part of the inspection the User Consultation Officer (UCO) spoke with eight service users and three relatives, either in their own home or by telephone, on 5 and 6 July 2018 to obtain their views of the service. The service users interviewed informed the UCO that they receive assistance with meals and personal care.

During the inspection the inspector met with the manager and regional manager as well as two care coordinators to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency.

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff views have been returned to RQIA via Survey Monkey.

The following records were examined during the inspection:

- fifteen service user records in respect of referral, assessment, care plan and review
- ten service user records of the agency quality monitoring contacts
- fifteen staff recruitment and induction records
- agency process for verifying staff NISCC registration
- staff training schedule and records

- staff supervision and appraisal date records
- complaints log and records
- compliments log and records
- staff rotas relating to single calls, double calls and overnight sits
- the agency's statement of purpose
- the agency's service user guide
- policies and procedures relating to: safeguarding, whistleblowing and managing staff.
- record of incidents reportable to RQIA in 2017/2018.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 July 2017.

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

6.2 Review of areas for improvement from the last care inspection dated 21 July 2017

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

6.3 Inspection findings

6.4 Is care safe?

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

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 Quality Care. Care is provided by a consistent team of carers. New carers 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 carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives. 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:

- "I have one carer who is very good."
- "We work well together."
- "Couldn't say a bad thing about any of them."

A range of policies and procedures was reviewed relating to safeguarding, managing staff and whistleblowing. The inspector found these policies to be up to date and compliant with related regulations and standards.

Fifteen staff files were sampled relating to care workers which verified that all the pre-employment information and documents had been obtained as required.

An induction programme had been completed with each staff member that included competency assessments.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that all staff are registered with The Northern Ireland Social Care Council (NISCC). The manager discussed the system introduced to identify when staff are due to renew registration.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The manager is named as the agency's Adult Safeguarding Champion with key responsibilities detailed in their procedure in line with required guidance.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Staff training records viewed for 2017/2018 confirmed that records were not available for all care workers showing the required mandatory updates and training. This was confirmed by both the regional manager and manager. An area for improvement has been made relating to staff training.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. However, records viewed by the inspector indicated that a number of staff had not been provided with supervision in accordance with the agency's policies and procedures. This was confirmed by the regional manager. An area for improvement has been identified.

Feedback from the two staff on site indicated that they had attended a range of training necessary to meet the needs of service users. The following records including the agency's procedures show that staff should attend the following:

- Care and welfare:
- Safe working including:
 - safeguarding
 - dementia
 - first aid
 - manual handling
 - medication
 - health and safety
 - infection control
 - food safety
 - communication

The agency’s registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment. Adult safeguarding had been appropriately managed and ongoing review of service user’s care and support was evident.

Areas for improvement

The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm. In addition the registered person should ensure that staff have recorded formal supervision meetings in accordance with the agency procedures.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

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 advised that they are usually introduced to new carers by a regular carer and new carers are aware of the care required.

No issues regarding communication between the service users, relatives and staff from Quality Care were raised with the UCO. Some of the service users and relatives were able to confirm that home visits or phone calls have taken place to obtain their views on the service, or that they had received a questionnaire.

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

- “It’s well managed.”
- “Very happy. Works really well.”
- “Can’t do without them.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to seven service users and it was noted that four files didn’t contain a care plan and one care plan contained out of date information. Two issues regarding signatures and recording of visits in the daily logs was also noted by the UCO. The concerns raised were discussed with the manager who has agreed to review care plans to ensure all information is in place. An area for improvement has also been made in this regard.

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trusts. 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 relatives’ views had been obtained and where possible, incorporated.

Service user files contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

Staff interviewed 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.

The inspector reviewed a sample of completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by senior staff, with appropriate action taken with individual staff where minor issues had been identified.

Staff interviewed on the day of inspection demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

Areas of good practice

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

Areas for improvement

The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user’s representative, prepare or ensure that a written plan (“the service user plan”) is prepared. This shall specify the service user’s needs in respect of which prescribed services are to be provided and specify how those needs are to be met by the provision of prescribed services.

The registered person shall make the service user’s plan available to: the service user; or any representative of a service user who was consulted on its preparation or revision.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

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

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care had not been provided in a rushed manner. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Quality Care.

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

- “Very pleasant.”
- “Plenty of chat.”
- “Lovely girls. Have built up a good rapport.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. A number of records were reviewed by the inspector and the records in place were satisfactory.

Observation of staff practice carried out within service users’ homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with manager.

No records of monthly quality monitoring regulation (23) were available for inspection; the regional manager stated that these records were held in another location. Two areas for improvement have been highlighted relating to monthly quality monitoring reports.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The agency’s compliments records were viewed; these contained positive feedback from service users/relatives and HSC Trust staff which had been shared with staff individually and with teams.

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

- “The staff acted with great compassion and haste during the recent emergency.” (HSC staff)
- “Too often good practice goes overlooked.” (HSC staff)
- “The staff looked after **** very well.” (Relative)
- “Thanks for looking after **** well.” (Relative)
- “Thanks for being so kind to ****.” (Relative)
- “The carers coming in have been a great help.” (Relative)

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. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

The report referred to shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency.

	Regulations	Standards
Total number of areas for improvement	2	0

6.7 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.

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.

The recent changes in the organisational and management structure of the agency are outlined in the Statement of Purpose; it details lines of accountability. Discussion with the manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format and available in hard copy manuals. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The agency's complaints procedure viewed was found to be in line with regulations and standards. The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for the period 1 September 2017 to inspection date 6 June 2018 with a range of complaints recorded. The inspector reviewed a sample of three complaints records which supported appropriate management, review and resolution of each complaint.

The manager confirmed that there had been a number of missed calls to service users since April 2018. Records reviewed evidenced that each matter had been appropriately managed with the staff and families involved and increased monitoring was in place to ensure no recurrence. Staff interviewed stated that missed calls are sought to be avoided as both them and the managers are trained to complete home visits. This was verified during the inspection by the manager who was completing care calls during the morning.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

The care workers interviewed indicated that they felt supported by the manager they described him as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

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 manager was able to

discuss the ways in which staff development and training enables 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
- individual risk assessment.

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Paul Doran manager and Mrs Ursula Monan, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 15.2</p> <p>Stated: First time</p> <p>To be completed from: The date of inspection</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user’s representative, prepare or ensure that a written plan (“the service user plan”) is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user’s needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>(3) The registered person shall—</p> <p>(a) make the service user’s plan available to:</p> <p>(i) the service user;</p> <p>(ii) any representative of a service user who was consulted on its preparation or revision.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The company already has a policy to comply with same. The Registered manager and their team will ensure this is complied with. This will be monitored both by the Regional Manager and the Company Quality Management team.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23</p> <p>Stated: First time</p> <p>To be completed from: The date of inspection</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Responsible person did this but kept the reports at their central office. The Responsible person has sent these as required to JMCB and will continue to do so as requested monthly.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 23.3</p> <p>Stated: First time</p> <p>To be completed from: The date of inspection</p>	<p>The report referred to shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: As above.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p> <p>To be completed from: The date of inspection.</p>	<p>The registered person should ensure that a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes: The names and signatures of those attending the training event. The date(s) of the training; The name and qualification of the trainer or the training agency; and content of the training programme.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The company holds all such detail on its internal monitoring tool known as BRS. The Registered Manager will ensure that this is kept up to date for all care and operational staff.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed from: The date of inspection.</p>	<p>The registered person should ensure that staff receive recorded formal supervision meetings in accordance with the agency procedures.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This is a mandatory company requirement. The Registered Manager will ensure that all staff do attend Supervisions and annual appraisals.</p>

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



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