

Unannounced Care Inspection Report 7 August 2017



Strabane & District Caring Services

Type of Service: Domiciliary Care Agency
Address: 32 - 36 Bridge Street, Strabane BT82 9AE
Tel No: 02871884986
Inspector: Caroline Rix
User Consultation Officer: Clair McConnell

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Strabane and District Caring Services is a domiciliary care agency situated in the town of Strabane, County Tyrone. The agency provides care and support to 379 service users living in their own homes within the Strabane district area and Londonderry’s Waterside and Cityside. These service users are mostly older people, but some have physical disabilities, learning disabilities and mental health needs along with a small number of children with disabilities.

The services provided range from personal care, practical and social support to sitting services. The services are commissioned by the Western Health and Social Care Trust (HSC trust). The agency is currently expanding their services within a planned timeframe following a successful contract tender process with the HSC trust.

3.0 Service details

| | |
|--|--|
| Registered organization/registered provider: Strabane & District Caring Services/Gerard Mario Harkin | Registered manager: Jacqueline Timoney |
| Person in charge of the agency at the time of inspection: Jacqueline Timoney | Date manager registered: 10 September 2009 |

4.0 Inspection summary

An unannounced inspection took place on 7 August 2017 from 10.00 to 16.10 hours.

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

The inspection assessed progress with 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 in relation to service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff on inspection.

No areas requiring improvement were noted.

Service users spoken with by the UCO, provided very positive feedback regarding the service provided by Strabane and District Caring Services in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and complimented and have been detailed within the body of this report. All the staff spoken with during inspection provided positive feedback in terms of their work within the agency.

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 Jacqueline Timoney 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.

4.2 Action/enforcement taken following the most recent care inspection dated 4 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 July 2016.

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 2016/2017
- Records of complaints notified to the agency
- User Consultation Officer (UCO) report

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and five relatives, by telephone, on 31 July and 2 August 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Personal care
- Meals and meal preparation
- Sitting service
- Housework

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

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Two completed staff questionnaires were returned to RQIA and findings are included within the body of this report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Four service user records of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- Staff training schedule and records
- Four staff quality monitoring records
- Staff meeting minutes from May to July 2017
- Complaints log and records
- Compliments log and records received during 2016/2017
- Record of incidents reportable to RQIA in 2016/2017
- Annual Quality report dated June 2017
- Monthly monitoring reports for May to July 2017

- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, and complaints

Area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

The findings of the inspection were provided to Jacqueline Timoney at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection date d 4 July 2016

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 4 July 2016

| Areas for improvement from the last care inspection | | |
|---|--|--------------------------|
| Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011 | | Validation of compliance |
| Recommendation 1 Ref: Standard 8.12 Stated: First time | The registered provider should review their annual quality review process to include staff and service commissioners' views. | Met |
| | Action taken as confirmed during the inspection: The inspector confirmed that the annual quality review process had been reviewed. Their annual quality report June 2017 contained evidence that staff and service commissioner views had been obtained. | |

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 Strabane and District Caring. 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 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 and use of equipment. 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:

- "Lost without them."
- "They let me know if anything is wrong with XXX so we can get help."
- "Lovely girls."

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

The agency's staff recruitment process was reviewed. The inspector examined four individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

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 the majority of staff are registered with The Northern Ireland Social Care Council (NISCC). Documentation in place indicated that the remaining staff have submitted their application and are awaiting their registration certificates. The registered manager discussed the system introduced to identify when staff are due to renew registration. The care staff spoken with during inspection described their registration process with NISCC.

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 registered 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.

The agency’s whistleblowing policy and procedure was found to be satisfactory. The staff interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse, and described their role in relation to reporting poor practice.

Staff training records viewed for 2016/2017 confirmed all care workers had completed the required mandatory update training programme. Records reviewed and staff feedback indicated that staff had attended a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including; dementia awareness.

Staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm.

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, induction and training. Adult safeguarding had been appropriately managed and ongoing review of service user’s care and support was evident.

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 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 are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Strabane and District Caring were raised with the UCO. The service users and relatives advised that home visits have taken place as well as receiving questionnaires from the agency to obtain their views on the service.

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

- “No problems at all.”
- “Treat XXX very well.”
- “Excellent girls.”

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments.

The care plans and risk assessments contained detailed information and evidenced that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met along with regular contacts by phone or during monitoring visits. The registered manager indicated that they are not always invited to contribute in writing or attendance to the trust arranged care review meetings with service users/relatives. However the records evidenced that an amendment form from the trust detailing any agreed change to the original care plan had been provided.

Service user files also 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 agency's policies and procedures on 'record keeping' and 'confidentiality' were viewed and found to contain clear guidance for staff. 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 no practice issues identified.

Staff members 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 were identified.

Staff members 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. Staff also described the action to be taken in the event of being unable to gain access to a service user's home. Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 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 has not been rushed. 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 and questionnaires to ensure satisfaction with the care that has been provided by Strabane and District Caring. Examples of some of the comments made by service users or their relatives are listed below:

- “Fantastic. Would give the girls 10 out of 10.”
- “XXX enjoys the banter with the girls.”
- “Like daughters to me.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs.

Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users’ families.

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 staff. Records reviewed by the inspector indicated some concerns regarding staff practice which had been appropriately managed with subsequent spot checks/monitoring visits completed to ensure ongoing compliance.

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

The agency’s compliments records were viewed; these contained extremely positive feedback from service users’ relatives which had been shared with staff individually and with teams. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Thank you to all the care workers who are brilliant, very jolly and bubbly. I am extremely pleased about how everything is going.’ (Email from HSC trust social worker on behalf of a service user).
- ‘Thanks and appreciation for care and dignity that carers provided, they were exceptional and special. Words of thanks to xxx who lighted the mood at every visit.’ (Thank you email from family of a service user).
- ‘My carer is excellent and fantastic, she puts me at ease.’ (Email from HSC trust social worker on behalf of a service user).

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 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 had any concerns regarding the service. No complaints had been made regarding the service or concerns raised in regards to management.

The organisational and management structure of the agency are outlined in the Statement of Purpose; it details lines of accountability.

Discussion with the registered 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. Staff described how they access the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in line with the domiciliary care agency minimum standards.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Staff members interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

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 April 2016 to inspection date 7 August 2017 with a range recorded. The inspector reviewed a sample of four complaints records which supported appropriate management, review and where possible, resolution of each complaint.

The registered manager confirmed that during the provider transition period in July 2017 there had been a number of complaints where full care plan information had not been provided regarding some service users. The registered manager confirmed that service user calls had not been missed during this time, however, some problems with call times and tasks to be completed had been reported during the first weeks of the provider transition in July 2017 which were swiftly resolved.

Discussion with the registered 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.

Monthly monitoring reports were viewed for May to July 2017. These reports evidenced that the registered person had been monitoring the quality of service provided in accordance with minimum standards. Each report contained a summary of staff and service user monitoring, compliments and feedback from all stakeholders including HSC trust; and evidenced how any issues arising had been managed.

The annual quality review report for 2016/2017 was viewed which had been completed with a summary of feedback from all key stakeholders, and an action plan. The registered manager confirmed that a summary of this report would be shared with service users in September 2017.

Staff questionnaires received by RQIA indicated that staffs are satisfied that the current staffing arrangements meet the service users' needs.

The staff interviewed indicated that they felt supported by senior staff that they described 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships with all key stakeholders.

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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