

Unannounced Care Inspection Report 6 August 2019



Strabane & District Caring Services

Type of Service: Domiciliary Care Agency
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Inspector: Joanne Faulkner

www.rqia.org.uk

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 & District Caring Services is a domiciliary care agency, located in Strabane, County Tyrone. The agency currently employs 230 domiciliary care workers to provide care and support to 585 service users living in their own homes within the Strabane area and Londonderry's Cityside and Waterside areas. The majority of service users are over 65yrs; a number of service users have physical disabilities, learning disabilities and enduring mental health issues.

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 6 August 2019 from 10.40 to 17.15.

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

As a public-sector body, the Regulation and Quality Improvement Authority (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 promoted and protected. This means we will seek evidence and assurances from providers that they have and will 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. Service users should also experience the choices and freedoms associated with any person living in their own home.

Information received by RQIA on 2 August 2019 from the Western Health and Social Care Trust (WHSCT) highlighted concerns in relation to the governance and management arrangements in place within the agency. The concerns raised were in relation to the increase in the number of missed calls and the agency's delay in responding to quality matters raised with the agency by the WHSCT.

In light of the concerns received, an unannounced care inspection was completed on 6 August 2019. The inspection sought to examine the agency's governance and management arrangements. The inspection also 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.

During the inspection a number of concerns were identified in relation to noncompliance with the regulations/minimum standards. The concerns identified included failings in the agency's processes for managing complaints, incident, accidents; and the robustness of the quality monitoring process. In addition it was identified that the agency did not have a robust system for effectively managing and monitoring missed calls.

In accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to inform them of the intention to issue two Failure to Comply notices with regards to Regulation 23 and Regulation 14 of The Domiciliary Care Agencies Regulations (Northern Ireland), 2007. A meeting was held at RQIA offices on 12 August 2019 to discuss these breaches and other serious concerns that were identified during this inspection.

At the meeting on 12 August 2019, RQIA was provided with evidence and assurances that the registered person had developed and planned to implement a robust and effective system for monitoring the quality of the service provided in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

A failure to Comply notice in respect of Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 was not issued, improvements required in respect of this regulation are outlined in the the Quality Improvement Plan (QIP) included in this report.

From information provided by the registered person RQIA was concerned that the lack of governance and oversight had the potential to impact on the safety or effectiveness of the care provision within the domiciliary care agency. The outcome of the meeting resulted in one Failure to Comply notice being issued in respect of Regulation 14. (a)(b) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA also made the decision to issue a QIP outlining a number of areas for improvement and additionally, in accordance with Regulation 23 (2)(3), the responsible individual is required to forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.

Evidence of good practice was found in relation to the agency's processes for staff recruitment, induction and supervision. This was supported through the review of records and from feedback received from the manager at inspection.

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	1

Details of the QIP were discussed with Jacqueline Timoney, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. One failure to comply notice was issued in relation to the agency's process for managing incidents and accidents.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection dated 18 April 2018

The completed QIP was returned and approved by the care inspector. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 April 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and QIP
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection
- information provided by the WHSCT

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

- discussion with the manager
- examination of records
- consultation with representatives from the WHSCT prior to, during and following the inspection
- evaluation and feedback

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

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received within the timescales.

Questionnaires were also provided for distribution to the service users and their representatives; one questionnaire was returned prior to the issuing of this report. The respondent indicated that they were very satisfied that care provided to them was safe, effective and compassionate and that the agency was well led; no comments were recorded.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow individuals who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

During the inspection the inspector spoke with the manager and WHSCT representatives. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

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

The inspector would like to thank the registered manager and administrative staff for their co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 18 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15(4) Stated: First time To be completed by: 2 June 2018	The registered person shall, so far as practicable, ensure that the prescribed services which the agency arranges to be provided to any service user meets the service user's needs specified in the service user plan prepared in respect of him. Ref: 6.5	Met
	Action taken as confirmed during the inspection: It was noted from care records viewed that service user care plans provided details of the care to be provided. The manager stated that staff are informed of any changes and can access information via the electronic portal.	

6.2 Inspection findings

Quality monitoring

The inspector reviewed a number of the reports relating to the agency's quality monitoring audits. From records viewed there was limited evidence that the registered person had developed and implemented a robust system for ensuring that the quality of services is evaluated effectively, in accordance with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland), 2007, or that areas for service improvement had been identified.

The quality monitoring reports reviewed were noted to lack sufficient detail of the matters reviewed and did not identify the service users, staff and representatives liaised with. The reports lacked specific details relating to the review of matters such as complaints, staffing arrangements, accident/incidents, safeguarding matters, missed calls and compliance issues.

It was identified that the action plan developed following the quality monitoring audit did not contain sufficient detail as to the matters to be addressed or the timescales. There was no evidence to indicate that the action plan was reviewed as part of the next quality monitoring audit. It was therefore not possible to determine whether the system for evaluating the quality of the services provided was driving any improvements.

In addition, it was identified that the quality monitoring audits for the agency were being completed by the registered manager; there was no evidence that the registered person had any input into the process or that they had reviewed the information contained within the reports.

In relation to the concerns identified from the findings from this inspection, and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a Failure to Comply notice in respect of Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At a meeting at RQIA offices on 12 August 2019, the registered person acknowledged that the agency's current system for the monitoring of the quality of services provided was not robust. The registered person stated that the process had been reviewed immediately following the inspection, in conjunction with the manager and provided assurances that a more effective process had been developed and was to be implemented. The manager describe details of the system that would be implemented to ensure that accurate and detailed information would be retained in relation to the matters reviewed. The registered person provided assurances that the reports would be completed in a manner to ensure that a comprehensive record was retained of the outcomes of the audit, the actions required and the persons liaised with as part of the process. From the information provided RQIA was provided with assurances that the registered person had established and would implement a robust and effective system for monitoring the quality of the service provided in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Based on the evidence and assurances provided, RQIA did not issue a Failure to Comply notice in respect of Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was agreed that an area for improvement would be included within the QIP and in addition the registered person was informed that they were required to forward copies of the Quality Monitoring reports completed for the agency to RQIA until further notice.

Conduct of agency

During the inspection it was identified that the agency did not have a robust system in place for recording the information relating to actions taken following an incident or accident. The agency's incident policy was noted to lack detail and sufficient guidance of the actions required when an incident or accident occurred. Detailed information relating to the management of incidents/accidents was not made available during the inspection.

Records viewed did not contain information in relation to any actions, investigations, outcomes or engagement in relation to the accident/incidents that had occurred. Information was not available in relation to how the incident had been managed; there was limited evidence to indicate if the incident had been reported appropriately. Therefore it was difficult to ascertain the number of and nature of the incidents that had occurred since the previous inspection and in addition it was not clear what actions if any had been taken by the agency.

It was noted that the agency retains a record a record of the quality matters identified by the HSCT, however the records did not consistently contain information of the actions taken by the agency or the outcome of any investigations. It was identified that a number of the quality matters raised by the WHSCT had not been responded to by the agency within the timescales requested by the HSCT and following repeated reminders. The manager could not provide any information as to why these matters had not been responded to in a timely manner.

It was identified that a number of the quality issues raised by the WHSCT related to missed calls; discussion with the manager identified that the agency did not have a system in place for monitoring the number of missed calls and for identifying trends. The manager stated that there had been three missed calls since April 2019 however, from quality reports available to view, it was identified that the number of missed calls since April 2019 exceeded that number. It was concerning to note that the agency did not have a process in place for retaining an accurate record of missed calls and the actions that had been taken. Discussions with the manager indicated that they did not have a clear oversight of the number of missed calls that had occurred in the agency.

In relation to the concerns highlighted by the WHSCT and from the findings from this inspection, and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a Failure to Comply notice in respect of Regulation 14 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At a meeting at RQIA offices on 12 August 2019, the registered person acknowledged that the agency's system for the management of incidents/accidents was not robust. The registered person described the actions that would be taken to ensure that a more effective system was implemented to ensure that an accurate and detailed record was maintained of all incidents/accidents and the actions taken by the agency. The manager stated that this process would include details of all calls missed and would be reviewed as part of the agency's quality monitoring process to support the Agency in identifying trends.

RQIA was concerned that the lack of governance and oversight had the potential to impact on the safety or effectiveness of the care provision within the domiciliary care agency. The outcome of the meeting resulted in a Failure to Comply notice being issued in respect of Regulation 14. (a)(b) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The risks are such that this action was considered appropriate to address the concerns and to ensure that the necessary improvements required to achieve compliance with the regulations was made.

Complaints

The agency's process for managing complaints was reviewed. From records viewed and discussions with the manager it was identified that the agency did not have a robust system in place for managing complaints. The agency's complaints procedure did not clearly outline the procedure to be followed in responding to complaints received.

Records of complaints were noted to be retained in a book however, it was identified that the information recorded did not contain sufficient details of the complaint or an accurate account of the person making the complaint, the investigation of the matters raised or the actions taken. The records did not clearly identify who the complaint was made by and/or who it related to. The complaint book was noted to also contain information relating to incidents and missed calls.

In addition it was identified that the entries made in the agency's complaints book were not recorded in chronological order and did not identify the person who had recorded the information or the time the entry was recorded. Details of the date the complaint was resolved was not recorded.

RQIA raised these matters during the inspection of Strabane & District Caring Services at the conclusion of the inspection and at a serious concerns meeting held on 12 August 2019 in the RQIA offices.

At this meeting the registered person acknowledged that the agency's current process for the management of complaints was not robust and stated that they had reviewed the agency's systems for complaints handling, in conjunction with the manager. The manager provided details of the new process that would be implemented to ensure that accurate and detailed information would be retained in relation to complaints received and to ensure that the agency's system for managing complaints was in accordance with the requirements outlined within the regulations.

RQIA were satisfied that the assurances provided by the registered person in relation to the proposed system to be implemented, would support the agency in achieving full compliance with the regulations. An area for improvement was identified and is detailed in the QIP; this will be reviewed at the next inspection.

Staffing arrangements

The inspector reviewed recruitment records for staff employed by the agency. Records viewed indicated that the agency had an effective system for recruiting staff and for ensuring that required pre-employment checks had been completed prior to commencement of employment. Records viewed were noted to be retained in a well organised manner. It was identified from records viewed that staff had received appropriate induction which included training in a range of mandatory areas and a period of shadowing other staff employed by the agency. The manager described that the recruitment of staff is an ongoing process.

The inspector reviewed the rota information for one geographical area where care is provided by the agency, it was noted that the rota information is retained electronically and staff can access. It was noted that the rota information clearly recorded the name of the service user and the time of the call.

It was noted that agency's care co-ordinators complete regular monitoring visits with staff whilst they are providing care. A record is retained of the observations made during the monitoring visit and contains details any areas discussed with the staff member.

The agency's system for ensuring that staff are appropriately registered with the Northern Ireland Social Care Council (NISCC) was reviewed. It was identified that the agency retains a list of all staff and their registration expiry date; the manager stated that this is reviewed on a monthly basis. Information viewed indicated that staff provided by the agency were appropriately registered.

The agency has a system for retaining a record of training completed by staff. It was noted from records viewed that staff are required to complete a range of mandatory training and in addition training in areas specific to the needs of individual service users. The manager stated that the training information is reviewed on a monthly basis. It was identified from records viewed that a

number of staff were required to complete training update in relation to Fire Safety, Moving and Handling and Infection Control. It was noted that two staff were required to complete a training update in relation to Adult Safeguarding. An area for improvement has been identified.

The inspector reviewed the care records relating to two service users. Documentation viewed was noted to be retained in an organised manner. The information contained referral information, relevant risk assessments, a timetable of service and a care plan. It was identified that staff recorded daily the care provided to service users.

Areas of good practice

Areas of good practice were identified in relation to staff recruitment, induction and the agency's process for managing staff registration with NISCC. In addition care records viewed included referral information, risk assessments and care plans.

Areas for improvement

Three areas for improvement were identified in relation to the agency's quality monitoring system; complaints management and staff training. One Failure to Comply notice was issued in relation to the processes for managing accidents/incidents and missed calls.

	Regulations	Standards
Total number of areas for improvement	3	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Timoney, registered 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 14. (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2019 (as outlined in failure to comply notice: FTC000072)</p>	<p>The registered person shall ensure that:</p> <p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a)so as to ensure the safety and well-being of service users;</p> <p>(b)so as to safeguard service users against abuse or neglect;</p> <p>The registered person must further develop the agency’s policy and procedures for managing incidents, accidents and missed calls including the actions to be taken by the agency.</p> <p>The registered person must develop and maintain a system for recording accurate and comprehensive details of any accident, incident or missed call. The records should provide details of the date and time of the occurrence, the persons involved, the actions taken, details of any investigation and the outcome and learning from the investigation.</p> <p>The registered person shall ensure that the information relating to incidents, accidents and missed calls is reviewed and monitored as part of the agency’s quality monitoring process.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person has updated and implemented a new accident Incident policy and procedure. Within the new policy there are new recording procedures, which include a system for recording accurate and comprehensive details of all accidents, incidents and missed calls, details of the investigation and the learning outcomes.</p> <p>Care Co-ordinators, team leaders and the registered manager have been updated and are confident on new procedures and documentation.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23.- (1)(2)(3)(4)(5)</p> <p>Stated: First time</p> <p>To be completed by:</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>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p>

<p>Ongoing and immediate from the date of inspection</p>	<p>(a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding- (i) what services to offer them, and (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) 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>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Ref: 6.2</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 22. - (1)(6)(7)(8)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing and immediate from the date of inspection</p>	<p>Response by registered person detailing the actions taken: The report of the registered providers visit template has been updated to include consultation with service users and their representatives, progress report, accident/incident report, safeguarding incidents, medication audits, training records, Supervision, appraisal and team meeting records, recruitment and retention updates. As per discussion with the RQIA inspector, the registered provider report will include more comprehensive detail within the reports and progress made on planned and required improvements. The report will be shared with RQIA on a monthly basis until required.</p> <p>The registered person shall establish a procedure (“the complaints procedure) for considering complaints made to the registered person by a service user or a service user’s representative.</p> <p>(6) The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <p>(7) The registered person shall, within the period of 28 days beginning on and including the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken in response.</p> <p>(8) The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p>

	Ref: 6.2
	<p>Response by registered person detailing the actions taken: The registered person has reviewed and developed a new policy on complaints. The new policy has clear timeframes including a resolution to complaints within 28 days. Within the policy there is new recording documentation detailing the complaint, actions taken, investigation details, outcomes and lessons learned which meets regulation requirements. Care Co-ordinators, team leaders and the registered manager have been updated and are confident on new procedures and documentation.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: All staff are up to date with all mandatory training requirements. Where staff training requires updating staff are not permitted to work until training has been updated.</p>

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



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