

# Unannounced Care Inspection Report 4 July 2016



## Strabane & District Caring Services

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

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Strabane & District Caring Services took place on 4 July 2016 from 10.15 to 15.45 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified during this inspection.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

However, one recommendation for improvement relating to effective care has been made. The inclusion of all stakeholders in the annual quality review of service provision has been recommended.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

### **Is the service well led?**

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jacqueline Timoney, the registered 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

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

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report

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

- Discussion with the responsible person and registered manager
- Examination of records
- File audits
- Evaluation and feedback

As part of the inspection, the UCO spoke with three service users and six relatives, either in their own home or by telephone, on 15 and 20 July 2016, to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with personal care and meals.

The UCO also reviewed the agency's documentation relating to four service users.

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. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Two service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Two service user daily recording logs
- Two service user records in respect of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff Handbook
- Minutes of staff meetings in March and May 2016
- Service user compliments
- Complaints log
- Monthly monitoring reports for March to May 2016
- Annual quality report 2014/15
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, incident notification, training and development, management of missed calls and complaints
- Manager's daily contact log records/on call logs
- Record of incidents reportable to RQIA in 2015/2016

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the last care inspection dated 4 August 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 17 <b>Stated:</b> Second time	The registered manager is required to update the staff handbook.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed the staff handbook had been updated in August 2015 and contains the required information. Records evidenced that staff had been provided with a copy of the updated handbook.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 13 and Schedule 3 <b>Stated:</b> Second time	The registered manager is required to ensure staff recruitment processes are fully compliant with Regulation 13 and Schedule 3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed the agency's staff recruitment policy and procedure had been revised in January 2016 and was in line with legislation. Records verified that staff recruitment processes were fully compliant with Regulation 13 and Schedule 3.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 12.8 <b>Stated:</b> Second time	The registered manager is recommended to further develop the training and development policy and procedure.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed the agency's training and development policy and procedure had been reviewed in August 2015 and was found to be in line with Minimum Standard 12.8.	

## 4.2 Is care safe?

Strabane and District Caring Services is situated in the town of Strabane, County Tyrone. The agency provides care and support to 90 service users living in their own homes.

A range of policies and procedures was reviewed relating to staff recruitment and induction training and found to be in compliance with relevant regulations and standards.

Four staff files were sampled relating to recruitment of 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. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained.

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; examples of care 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 are listed below:

- "Fantastic; couldn't complain."
- "Wouldn't have anyone else."
- "Absolutely delighted with them."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The 'Dealing with Abuse of Vulnerable Adults and Children' policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered manager who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document.

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

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme. Competency assessments in the areas of manual handling and infection control were reviewed and found to be appropriately detailed. The inspector reviewed competency assessments for four staff members during inspection for both areas which were signed off by the manager/trainer. Review of staff training for all staff on the agency training matrix for 2016 included each of the required mandatory training subject areas along with other training relevant to service users' care needs.

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.

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.

A sample of two service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency is rarely invited to attend or contribute in writing to the commissioning trust arranged care review meetings with service users/representatives. The registered manager stated they are only made aware of these meetings if they receive an amendment form from the trust detailing a change to the original care plan. The registered manager informed the inspector that they would continue to liaise with the trust as required. The inspector was given assurances that all information relevant to service users was up to date and available as required.

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 for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.3 Is care effective?**

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers’ timekeeping or that care had 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 were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

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 and phone calls by the agency have taken place. Some of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package and they had received questionnaires from Strabane and District Caring to obtain their views on the service.

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

- “Very helpful at the start; good support to us.”
- “I’m delighted with the care.”
- “There’s good communication with the office.”

As part of the home visits, the UCO reviewed four of the agency's files in relation to the service users. It was noted that three care plans contained out of date information and there were two issues in relation to log sheets entries which are to be addressed by the registered manager.

The agency's policy and procedure on 'Recording and Reporting Care Practices' was viewed and found to contain clear guidance for staff. The inspector reviewed two 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 issue identified.

The registered manager confirmed ongoing discussion of records management during team meetings and during training updates. Minutes of staff meetings viewed for March and June 2016 confirmed this area had been discussed.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust. 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 representatives' views had been obtained and where possible, incorporated.

Service user records evidenced that the agency carried out monitoring visits with service users six monthly, and telephone contacts six monthly, along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

Staff supervision processes (spot check, supervision and appraisal which take place once per year for each process and staff member) were reviewed for four staff members and found to be in compliance with the agency policy timeframes.

Staff questionnaires received by RQIA indicated that they received supervision meetings and an annual appraisal.

The agency had requested the views of service users/relatives on the services being provided via their annual satisfaction questionnaires during June of 2016, with responses currently being returned and collated. The agency had completed an annual quality review report for 2014/15, with a summary report of findings and the improvements they planned to implement. The registered manager confirmed all service users had been provided with a copy of this report in June 2015. The content of their annual quality review report was discussed with the registered manager. The inspector recommended that the agency's annual quality report be reviewed to include feedback from staff and commissioners of their service.

### Areas for improvement

One area for improvement was identified during the inspection.

The registered manager is recommended to review their annual quality of service evaluation process to include staff and commissioners' views.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.4 Is care compassionate?

All of the service users/relatives interviewed by the UCO felt that care was compassionate, that carers treat them with dignity and respect, and care is not being rushed. Service users/relatives reported that, as far as possible, they were given choice in regards to meals and personal care.

Views of service users and relatives were sought through home visits, phone calls and questionnaires on a regular basis to ensure satisfaction with the care being provided by Strabane and District Caring. Examples of some of the comments made by service users or their relatives are listed below:

- “All lovely girls.”
- “XXX loves to chat with them.”
- “Very caring.”

The inspector confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. From the records reviewed by the inspector no staff practice issues were identified for improvement; records detailed observation of manual handling equipment usage along with a variety of other tasks. It was good to note positive comments from service users had been recorded on their monitoring records.

The agency’s compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and at team meetings.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is the service well led?

The agency’s RQIA registration certificate was up to date and displayed appropriately.

Under the direction of the registered manager, Jacqueline Timoney, a team of care workers provides domiciliary care and support to 90 people living in their own homes.

The Statement of Purpose and Service Users’ Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedure manual was reviewed and contents discussed with the registered manager. The arrangements for policies and procedures to be reviewed, at least every three years, was found to have been implemented with all of the policies sampled reviewed in January 2016.

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 agency's complaints procedure viewed was found to be in line with regulations and standards. The complaints log was viewed for the period 1 April 2015 to inspection date 4 July 2016. The agency has not received any new complaints since the previous inspection on 4 August 2015.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. One incident report had been received and records viewed demonstrated that appropriate action had been taken on receipt of the incident report. The RQIA inspector had discussed this incident with the provider and the Health and Social Care (HSC) Trust.

The inspector reviewed the monthly monitoring reports for March to May 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service users' needs.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 October 2016</p>	<p>The registered provider should review their annual quality review process to include staff and service commissioners' views.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Strabane &amp; District Caring Services have updated their annual review process to include seeking the views of staff and service commissioners.</p>

***Please ensure this document is completed in full and returned to [agencies.team@rgia.org.uk](mailto:agencies.team@rgia.org.uk) from the authorised email address\****



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