

Unannounced Domiciliary Care Agency Inspection Report 12 September 2016



North West Care

Type of service: Domiciliary Care Agency
Address: 67 / 69 Main Street, Ballykelly, BT49 9HS
Tel No: 02877723514
Inspector: Amanda Jackson

1.0 Summary

An unannounced inspection of North West Care took place on 12 September 2016 from 09.45 to 17.00 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?

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 supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

No areas for quality improvement were identified during this inspection.

Is care effective?

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 have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified during this inspection.

Is care compassionate?

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 during this inspection.

Is the service 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 Health and Social Care Trust (HSCT) regarding changes in service users' needs.

No areas for quality improvement were identified during this inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Bernadette Anne Lowry, registered manager and the agency operations 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: North West Care/Mr Philip Stewart	Registered manager: Mrs Bernadette Anne Lowry
Person in charge of the agency at the time of inspection: Mrs Bernadette Anne Lowry	Date manager registered: 29 June 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the registered manager and operations manager
- Consultation with five staff
- Examination of records
- File audits
- Evaluation and feedback.

As part of the inspection the UCO spoke with one service user and six relatives, by telephone, on 12 September 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with personal care.

On the day of inspection the inspector met with five care staff to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Seven 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:

- Recruitment policy and procedure
- Three recently recruited staff members records
- Induction policy and procedure, programme of induction and supporting templates
- Three recently recruited staff members induction and training records
- Training and development policy and procedure
- Supervision policy and procedure
- Three long term staff members quality monitoring, supervision and appraisal records
- Three long term staff members training records
- Four staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Two vulnerable adult reports
- Three new service user records regarding referral, assessment, care planning and review
- Management, control and monitoring of the agency policy and procedure
- Three long term service user records regarding review, reassessment and risk assessment
- Three long term service users quality monitoring records
- Quality improvement policy and procedure
- Record keeping and reporting policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three service users home recording records
- Three monthly monitoring reports completed by the registered provider and operations manager
- 2015 Annual quality report
- Three compliments
- Two staff meeting minutes
- Three emails to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Complaints policy and procedure
- Three complaints records
- Policy on reporting adverse incidents and untoward incidents.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 09 February 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 09 February 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The agency currently provides services to 784 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. The agency incorporates elements of the Northern Ireland Social Care Council (NISCC) induction standards within their induction process. The agency are currently working towards registering all staff in line with NISCC timeframes and at that point will fully implement the NISCC induction standards. Several of the five care staff interviewed during the inspection day, had commenced employment within the previous few years. These staff described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by North West Care. 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 in manual handling or use of equipment were raised with the UCO however one relative felt that additional training in stoma care would be beneficial. 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:

- "No issues with the care."
- "Very careful with XXX as very frail now."
- "Certainly don't rush; they stay the time necessary."

The agency's policy and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance to the required standards. The policy has recently been updated in line with 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'). 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. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users care and support needs including trache and stoma care training. Training is facilitated mainly within the agency and from the Health and Social Care trust (HSCT). Discussion during inspection with care staff confirmed satisfaction with the quality of training offered on an ongoing basis.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring/performance review, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care. One staff commented 'We strive to ensure our service users are safe'.

A review of safeguarding documentation regarding two matters confirmed that both cases arising were managed appropriately and in accordance with the regional safeguarding protocols and the agency policies and procedures. Documentation to trust professionals was centrally maintained and available for review during inspection.

Each of the five care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A sample of three service user files confirmed that the agency management had carried out review meetings with service users/representatives and the trust were appropriate to ensure service user needs were being met. The registered manager confirmed that the agency implement their own separate quality monitoring process and this was confirmed during review of three long standing service users files. The registered manager confirmed that trust representatives were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

Service users spoken with by the UCO, staff spoken with during the inspection and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding 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 and new carers are usually aware of the care required.

No issues regarding communication between the service users, relatives and staff from North West Care were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place and questionnaires have been sent out to service users and relatives to obtain their views of the service. The majority of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package.

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

- "Couldn't fault them."
- "Generally happy with the care."
- "All very good."

The agency's recording policy and associated procedures on 'Management of records' had been revised in 2015. The agency maintained recording books in each service user's home file on which care workers recorded their visits. The inspector reviewed three completed records returned from service user's homes, which confirmed appropriate procedures in place.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their co-ordinator or manager if any changes to service users' needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing quality monitoring/performance review of staff is completed by their co-ordinator and manager to ensure effective service delivery.

The registered manager confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with five staff during the inspection supported review of this topic as necessary. Minutes of staff meetings reviewed during inspection evidenced the area of recording as part of the standard agenda.

Service user records viewed included referral information received from the HSC Trust brokerage system and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant risk assessments. The agency risk assessments completed by staff during their initial service visits contained evidence that service users and/or representative's views had been obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to

provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carried out quality reviews with service users annually in line with the agency procedure. Annual questionnaires were issued to service users to obtain feedback on services provided and evidenced at inspection in terms of those received by the agency. Service user files reviewed during inspection contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans. The agency also maintain a system of providing updates to trust professionals and evidence of this process was reviewed during inspection.

The agency had not completed their annual quality review report for 2016 but evidenced feedback from service users and family members during the months June to August 2016. The registered manager confirmed the report will be completed in September 2016 and provided to all service users. The registered manager informed the inspector that feedback from the annual quality review process will also be shared with staff post completion.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user’s choice, dignity, and respect.

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 for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The majority of the service users and relatives interviewed by the UCO felt that care was compassionate and not rushed; one relative raised concerns which were discussed with the registered manager during the inspection and addressed post inspection. Service users, as far as possible, are given their choice in regards to 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 North West Care. Examples of some of the comments made by service users or their relatives are listed below:

- “The carer treats XXX like she would treat her own parent.”
- “They are kind to my XXX.”
- “XXX gets on very well with them.”

Records viewed in the agency office and discussions with staff confirmed that direct observation of staff practice was carried out within service users’ homes on an ongoing basis. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks and monitoring visits.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy and are required to sign a confidentiality declaration at the commencement of employment. This was reviewed within three staff files during inspection.

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. One staff commented 'I feel that all carers I have worked with were really passionate about their role and the clients were always put first'.

The agency implement service user quality monitoring practices on an annual basis through home visits. Records reviewed during inspection support quality monitoring in compliance with the agency timeframes. Quality monitoring from service user visits alongside monthly registered person contact (monthly quality reports) and the annual quality review of services evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Thank you very much for all your care during XXX illness. We could not have got through it without you' (Thank you card from family of service user).
- 'XXX reports the two male carers who assist him are a 'godsend', they have made such a difference to his life and he cannot praise them highly enough' (Email from trust professional).
- 'XXX said that the care given to XXX was exceptional, the team treated her with great respect and dignity, no amount of training could provide what they said 'comes from the heart' (Feedback from family to agency co-ordinator).

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person Mr Philip Stewart and registered manager Mrs Bernadette Lowry the agency provide domiciliary care to 784 people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

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. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

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 concerns regarding the management of the agency were raised during the interviews.

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 2015 and 2016 to date, with a range of complaints recorded. Review of three complaint records supported appropriate review and resolution. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A range of reportable incidents had occurred since the previous inspection and were reported to RQIA within the appropriate timeframes.

The inspector reviewed the monthly monitoring reports for June, July and August 2016. These reports evidenced that the agency operations manager had been monitoring the quality of service provided in accordance with minimum standards. Reports are reviewed and signed off ongoing by the registered person and evidence of this process was discussed during inspection.

The five care workers interviewed indicated that they felt supported by senior staff who were described as supportive and approachable for discussions. Staff discussed quality monitoring/performance review, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff also supported that current staffing arrangements are appropriate in meeting service users' needs and this was also reflected in staff questionnaires returned to RQIA.

Ongoing electronic and written communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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