

The Regulation and  
Quality Improvement  
Authority

North West Care  
RQIA ID: 11027  
67 / 69 Main Street  
Ballykelly  
BT49 9HS

Inspector: Amanda Jackson

User Consultation Officer: Clair McConnell

Tel: 02877723514

Inspection ID: IN022830

Email: [bernielowry@northwestcareandsupport.com](mailto:bernielowry@northwestcareandsupport.com)

---

**Unannounced Care Inspection  
of  
North West Care**

**09 February 2016**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 09 February 2015 from 09.30 to 15.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during the inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 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 can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> North West Care and Support Ltd/Mr Philip Stewart	<b>Registered Manager:</b> Mrs Bernadette Anne Lowry
<b>Person in Charge of the Agency at the Time of Inspection:</b> Mrs Bernadette Anne Lowry	<b>Date Manager Registered:</b> 29 June 2015
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> 735	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

#### 4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report.

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

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

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and nine relatives, on 19 and 25 January 2016, to obtain their views of the service. The service users interviewed live in Limavady, Londonderry and surrounding areas, and receive assistance with personal care and meals.

The findings from their feedback have been included within the body of this report.

During the inspection the inspector met with five care staff and their feedback is contained within the body of this report.

Ten staff questionnaires were provided to the registered manager on the day of inspection. She was asked to forward these to a random sample of care staff, to find out their views regarding the service. Five staff questionnaires were received following the inspection and the feedback included in the body of this report.

The following records were examined during the inspection:

- Three service user home records
- Three service users' referral, assessment and care plan information
- Three service users' reviews, revised assessments and care plans relating to changes in care needs
- Six service users' quality monitoring records
- Three staff quality monitoring records
- Four compliments
- Three complaints
- Five communication records regarding changes to service users' needs
- Additional training records for staff in the areas of trache care, nebuliser (NIPPY) care and peg feeding
- Annual quality reviews for service users/relatives, staff and commissioners
- Three monthly monitoring reports
- Protocol for management of missed calls

- Three missed call/quality monitoring records
- Two on call/duty log records regarding missed and other duty calls
- Three staff disciplinary records regarding missed or late calls
- Two staff rotas/a range of service user rotas.

## 5. The Inspection

North West Care is a domiciliary care agency operating in the city and outskirts of Londonderry, Dungiven and Limavady. The agency office is based at 67-69 Main Street, Ballykelly and under the direction of the manager Bernadette Lowry a staff team of 320 provides domiciliary care to 735 service users in their own homes. The services provided include personal care and social support, along with some domestic support. The people in receipt of services are mostly older people, those with mental health care needs, physical disabilities and learning disabilities, and young physically disabled. The Western HSC Trust commissions their services.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 4 August 2014. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Minimum Standard 5.6</b>	The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users' log records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of three service user records regarding daily recording and medication records were found to be met.	

### 5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

#### Is Care Safe?

Service user referral information received from HSC Trust commissioners contained a good level of information regarding service user and/or representatives' views. The referrals detailed a care plan and risk assessment alongside a range of multi-disciplinary assessments as appropriate. The care plans completed at service commencement contained evidence that service users and/or representatives' views had been obtained and incorporated, where possible. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. Service user guides and agreements had been provided to service users and were signed by service users or their relative.

There were mixed results regarding new carers being introduced to service users by a regular member of staff. Concerns were raised by a number of people interviewed regarding the agency's organisation as carers covering for regular members of staff are frequently unaware of the care required and have not been introduced to the service user; this was felt to be very important. The inspector discussed this matter with the agency manager during inspection and was advised that this matter was currently being reviewed to ensure that covering staff are introduced to service users and are fully aware of the care required.

The documentation relating to three service users was reviewed by the inspector during the inspection. The files reviewed contained copies of the service users' care plans, and log sheets were completed appropriately by carers.

### **Is Care Effective?**

The UCO was informed by all of the service users that they are aware of whom they should contact if any issues arise. Two relatives advised that complaints had been made to the agency regarding consistency of carers, training, timekeeping and cover arrangements.

Management visits are taking place with the service users to discuss the care being provided; however, only a small number of people were able to confirm that observation of staff had taken place or that they had received a questionnaire from the agency.

Review of staff quality monitoring during inspection confirmed an appropriate process and timeframe for staff observations.

Evidence of the annual quality reports for 2014 was reviewed during inspection, and evidence of the most current 2015 questionnaires being received by the agency were provided during inspection. The 2014 report included comprehensive detail regarding the agency progress over the previous year and included service users' and relatives' feedback. The agency had not included staff and commissioner feedback in the 2014 report but this had been reviewed in the previous annual reports presented during inspection. The manager explained that no matters had arisen from staff and commissioner feedback in 2014, hence why details in both areas had not been included. The inspector recommended a summary of both stakeholder returns in the 2015 report. Evidence of sharing the report outcomes with service users was reviewed during inspection in the form of a letter which invites service users to service user meetings at various locality sites. Where service users are unable to attend such events the letter clearly outlines that the report can be provided directly to the service user.

Service user quality visits and contacts were confirmed during inspection for six service users and had taken place in line with the confirmed timeframes.

The agency had received three complaints since the previous inspection. Review of two of the three complaints records supported an appropriate procedure for complaints review and resolution.

The compliments records from service users, relatives and trust professionals reviewed during inspection contained positive feedback regarding the care provided to service users as detailed below:

- 'Thank you! Scarcely covers what I mean, please feel very proud of yourself'. (Service user).
- 'Thanks for all the care that my XXX has received, especially from staff member XXX'. (Relative).
- 'Thank you for your support and joint work and input at the family meeting, was heartening to receive such a positive outcome'. (Commissioner).
- 'Thank you to staff who attended XXX and brought a smile with them and always made sure she was safe and comfortable'. (Commissioner).

A letter reviewed during the inspection evidenced how the agency provides positive feedback to staff following compliments.

The agency has monthly monitoring reports completed by the registered manager for the nursing agency and reviewed by the registered person. The inspector reviewed three such reports and found the reports to be consistent with the RQIA template, and comprehensively detailed regarding all matters stated. Additional information is retained with these monthly reports and assists in informing the reports. Evidence of additional information gathering as part of the monthly review process was evident during the inspection, together with a clear action plan and ongoing review of the action plans.

Communication records viewed in the agency office evidenced how feedback was received and shared with staff as necessary, in respect of changes to service users' needs.

Five staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed how processes such as daily contact with their line managers and access to information through an 'app' on the work mobile phones share ongoing changes to service users' needs, and evidence of these processes were reviewed during the inspection day. Additional staff training is offered as required to ensure staff are appropriately knowledgeable in service users' specific needs, and staff spoke positively regarding additional training provided and available on an ongoing monthly basis. Five staff questionnaires received highlighted staff training to be appropriate.

### **Is Care Compassionate?**

The people interviewed by the UCO raised no issues regarding the quality of care being provided by the regular carers; however, concerns were raised regarding carers providing cover. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care. Examples of some of the comments made by service users or their relatives are listed below:

- "Consistency is good as my XXX doesn't like change."
- "Cover arrangements for the regular carers could be better."
- "I feel that the staff are under pressure as they have so many people to see."

- "Very happy with the carers."

Service users or their relatives informed the UCO that they felt that the regular carers are appropriately trained and knowledgeable; however, concerns were raised regarding covering carers. Examples given included working with service users with limited mobility and dementia.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

All matter raised during the UCO feedback from service users/relatives was discussed with the registered manager during inspection and is currently under review.

Staff interviewed confirmed that service users' views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users' particular needs especially in cases with peg feeding, trache care and end of life care.

Staff discussed a few service users with communication difficulties and how they communicate through hand and facial gestures to meet the service users' individual needs.

Five staff questionnaires returned raised no concerns regarding care provision while one staff member highlighted that more time allocated to provide care would be beneficial.

### **Areas for Improvement**

The agency has met the required standards in respect of theme one.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## **5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.**

### **Is Care Safe?**

A range of management systems and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed and late calls. The agency has a protocol for management of missed calls and this was reviewed as appropriate during inspection. The agency has had a range of missed call in recent months. Review of records during inspection confirmed good communication with service users and staff in both cases. Communications with the referring HSC Trust commissioners was also available for review during inspection regarding three randomly selected missed call records. Review of staff rotas during inspection for two staff members/a range of service users reflected a process for allocating the staff numbers to service user calls. However, the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

## Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the timekeeping of the regular carers and they are usually contacted by the agency if their carer has been significantly delayed. None of the people interviewed had experienced missed calls from the agency.

The managers confirmed that missed or late calls would occur in the service due to the size of the service. Evidence of three randomly selected missed calls as referenced in the above section were appropriately managed and communicated to trust commissioners.

Procedures in place for staff quality monitoring and disciplinary processes were reviewed during inspection as appropriate.

Monthly monitoring reports completed by the registered manager of the nursing agency and reviewed by the registered person were reviewed during inspection and reference missed or late calls.

Staff interviewed on the day of inspection confirmed that they felt supported by management staff and demonstrated a clear understanding of their reporting processes if running late for next service user visits or missing a call.

## Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the UCO highlighted service quality to be good with appropriately trained and skilled staff who deliver compassionate care. Issues do arise when regular staff do not attend service users and this is currently under review by the agency. Where issues arise service users described appropriate communication processes in order to keep them informed.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes where calls are missed or delayed.

## Areas for Improvement

The agency has met the required standards in respect of theme two.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## 5.3 Additional Areas Examined

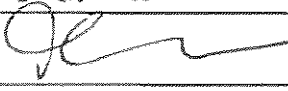
### 5.3.1 Incidents

The inspector discussed five current incidents which remain open at the time of inspection and have recently been discussed between the agency and RQIA via email. All matters remain open due to investigations ongoing and will be communicated to RQIA in the coming months.



It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Bernadette Lowry	Date Completed	21/2/16
Registered Person		Date Approved	10/3/16
RQIA Inspector Assessing Response	A. Jackson	Date Approved	21/3/16

Please provide any additional comments or observations you may wish to make below:

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