

Unannounced Care Inspection Report 21 November 2018



North West Care

Type of Service: Domiciliary Care Agency
Address: 67 / 69 Main Street, Ballykelly, BT49 9HS
Tel No: 028 7772 3514
Inspector: Kieran Murray
User Consultation Officer (UCO) Clair McConnell

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

This is a domiciliary care agency which provides personal care and housing support to 745 individuals with physical, mental health, learning disability, care of the elderly needs living within the Western Health and Social Care Trust (WHSCT) area. Service users are supported by 408 staff.

3.0 Service details

Organisation/Registered Provider: North West Care Responsible Individual(s): Mr Philip Stewart	Registered Manager: Mrs Bernadette Anne Lowry
Person in charge at the time of inspection: Mrs Bernadette Anne Lowry	Date manager registered: 29 June 2015

4.0 Inspection summary

An unannounced inspection took place on 21 November 2018 from 09.45 to 17.00.

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

The inspection assessed progress to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- staff inductions
- staff supervisions
- care reviews
- adult safeguarding
- incident management
- collaborative working
- registration with professional regulations

An area requiring improvement was identified in relation to completion of annual appraisals.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Bernadette Lowry, Registered Manager and Mrs Shauna Irwin, Operations 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.

4.2 Action/enforcement taken following the most recent care inspection dated 28 November 2017

No further actions were required to be taken following the most recent inspection on 28 November 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- record of notifiable incidents
- record of complaints
- correspondence with RQIA since the previous inspection
- concerns log

As part of the inspection the User Consultation Officer (UCO) spoke with three service users and four relatives, by telephone, on 30 November 2018 to obtain their views of the service. The service users receive assistance with personal care and meals.

During the inspection the inspector met with the registered manager, operations manager, quality monitoring officer, human resource manager, and two staff.

The following records were examined during the inspection:

- six service users' care and support plans
- care review records
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- recording/evaluation of care records
- restrictive practice
- monthly quality monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervisions
- records relating to appraisals
- complaints records
- incident records
- records relating to safeguarding of adults
- staff rota information
- staff communication records
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding adults in need of protection policy
- whistleblowing policy
- data protection policy

- Statement of Purpose
- Service User Guide

At the request of the inspector, the responsible person was asked to display a poster prominently within the agency's registered premises. The poster invited staff and visiting professionals to give their views and provides staff and visiting professionals with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

The inspector requested that the manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 November 2017

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

6.2 Review of areas for improvement from the last care inspection dated 28 November 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place. The inspector examined a range of staff files which evidenced that appropriate pre-employment checks had been completed and that these were satisfactory.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the Regulations. Staff stated that they are required to shadow other staff members during their induction. The inspector spoke to one staff member who provided positive feedback regarding how their induction prepared them for their roles and responsibilities. They indicated that they felt supported by the other staff and the registered manager.

Staff comments:

- "I felt very comfortable after the shadowing."
- "We got a handbook to complete."

Staff rotas viewed and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff spoken to on the day of the inspection advised the inspector that vacant shifts are covered by the agency's domiciliary care workers and the management team.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015. The inspector received feedback from the registered manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. Staff spoken to on the day of inspection could name the agency's safeguarding champion and describe their role within the agency. The inspector noted a 'See Something, Say Something' poster clearly displayed in the agency.

The inspector noted that staff were confident regarding their responsibilities in relation to safeguarding issues and clear lines of accountability. On the day of the inspection the inspector noted that a number of safeguarding referrals were made to the Trust since the last inspection 28 November 2017. The referrals were made appropriately and management plans were made in conjunction with the HSC Trust as evidenced by the inspector.

Examination of records indicated that a system to ensure that staff supervisions are planned and completed in accordance with policy has been maintained. The inspector examined records relating to staff appraisals and found that they were not completed in accordance with the agency's policy. An area for improvement has been identified in relation to Standard 13 of The Domiciliary Care Agencies Minimum Standards, 2011.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the agency's training plans which indicated compliance with the Regulations and Minimum Standards. There was evidence that staff have attended training additional to that outlines within the Minimum Standards such as Tracheostomy, Enteral Feeding and Dementia training.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection the inspector noted that a number of restrictive practices in place were of the least restrictive nature considered necessary. However, the restrictive practices were not recorded in the care and support plans and there was no evidence of service user/representative involvement. Following the inspection and within an agreed timescale with the registered manager, the agency forwarded information that provided the necessary assurances that care and support plans had been updated to reflect the details of the restrictive practices in place and service user/representative involvement. The inspector reviewed the information and found it to be satisfactory.

The inspector reviewed the process for reporting and management of incidents/accidents within the agency. There had been a number of incidents/accidents not reportable to RQIA since the previous inspection on 28 November 2017; records provided to the inspector confirmed that they were managed in accordance with the agency's policy and procedure.

The inspector noted that the agency had received a number of complaints since the last inspection 28 November 2017 and these were managed in accordance with policy and procedure. The inspector noted the complainants were fully satisfied with the outcomes.

The inspector noted a number of compliments had been received from service user representatives via emails and cards and the local newspaper. An example of one comment is listed below:

"Your girls are great girls."

The inspector evidenced that a review of service users' needs took place yearly or sooner if required.

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 North West Care. Care is usually provided by a small team of regular carers. New carers are 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 and all of the service users and relatives 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:

- "Very happy with the service."
- "Great help to us."
- "The girls are fantastic."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, induction, training, supervision and adult safeguarding.

Areas for improvement

An area for improvement has been identified in relation to completion of yearly appraisals.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency's Statement of Purpose (2018) and Service User Guide (2018).

The inspector reviewed six service users' individual care and support plans. The inspector was informed that care and support plans are reviewed three monthly or sooner. The registered manager informed the inspector that multi-disciplinary reviews with the HSCT representatives took place on a yearly basis or sooner if needed. The inspector examined documentation for both processes and the records were noted to be satisfactory.

The agency maintains daily contact records for each service user. On examination of records the inspector noted a small number of corrections made were not in keeping with the agencies policy and procedure and the domiciliary agencies standards. The registered manager assured the inspector that an item would be added to the next team meeting in relation to record keeping and this can be evidenced at the next inspection.

The agency operates a Quick Response (QR) scan in and out system in each service user's home. This enables the agency to monitor compliance with calls.

The agency maintains a Home Information Booklet (HIB) in each service user's home. Included in the HIB are paper copies of service users risk assessments, care and support plans, service user agreements and completed consent forms.

Staff interviewed on the day of the inspection confirmed they were provided with details of care required for each service user.

Staff comments:

- "I still say I am learning every day."
- "I love my domiciliary care post."

Feedback received by the inspector from staff indicated that service users or their relatives: have a genuine influence on the content of their care plans. This was evidenced by the inspector on examining records completed at yearly reviews.

The agency's quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included details of consultation with a range of staff, relatives and progress on improvement matters. Monthly quality monitoring is undertaken by the responsible person who has a good working knowledge of the service.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The registered manager and staff described effective verbal and written communication systems within the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate HSCT community professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including speaking with service users on a daily basis and being available for discussion. Staff who spoke to the inspector outlined their understanding of service user's choice, dignity, and respect.

Review of team meeting records indicated that team meetings took place on a monthly basis; the registered manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

The inspector evidenced letters sent to service users and their representatives inviting them to attend yearly meetings. Review of service user/representative meeting records indicated that these meetings took place on a yearly basis.

The inspector noted that an agency's newsletter is sent to service users every six months as well as a carer of the year nomination form. A newsletter is also sent to staff every month. Both newsletters contained information on items such as training, workshops and meetings.

Staff spoken to on the day inspection informed the inspector that if a compliment is received from a service user or their representative the North West Care management team write a letter of acknowledgement to that member of staff advising them of the compliment.

The inspector examined the following surveys carried out by the agency; service user/relative and staff questionnaire with positive results. The inspector also evidenced that the agency's Business Continuity Plan 2018 available for staff. The inspector examined the annual report and found it to be satisfactory.

The inspector noted the following comments recorded on the annual report by service users:

Service user comments:

- "The carers at present are excellent."
- "Couldn't do without my girls."

Advocacy service information was available in the Statement of Purpose and Service User's Guide for service users to contact if necessary.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency and service users are usually introduced to new carers by a regular member of staff.

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 have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that they had received a questionnaire from the agency.

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

- “Absolutely no issues with the care.”
- “First class.”
- “Everything is working well.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency had participated in liaison with a range of community professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

It was evident that the agency staff and community keyworkers promote the independence, equality and diversity of service users.

Feedback from staff who spoke to the inspector indicated that they had developed knowledge of individual service users through careful observation and interaction over time.

Staff comments:

- “We treat service users with dignity and respect.”

Staff who spoke to the inspector described how they had helped to mark one of their services user’s 100th birthday celebrations.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed.

Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by North West Care. Examples of some of the comments made by service users or their relatives are listed below:

- “Very friendly and polite.”
- “Two nice girls.”
- “Couldn’t fault them.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which comprises of the provision of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures as outlines within the minimum standards which are reviewed at least every three years. Policies and procedures are maintained in a paper format and on an electronic system accessible to all staff.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy services
- equity of care and support
- individual person centred care
- individualised risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the WHSCT referral information.

The agency maintains and implements a policy relating to complaints and compliments. It was positive to note that the agency's complaints policy and procedure was also available in audio and braille form to meet the needs of service users.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The agency maintains a quality monitoring system which provides a thorough standard of monitoring in accordance with RQIA guidance.

Staff comments:

- "The management team are approachable."

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

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.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Bernadette Lowry, Registered Manager and Mrs Shauna Irwin, Operations 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 Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 13.5</p> <p>Stated: First/ time</p> <p>To be completed by: 16 January 2019</p>	<p>The registered person shall ensure that staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager will ensure all staff receive an annual appraisal with their line manager in accordance with company policy & procedures. This forms part of the internal management systems. KPIs and internal audits are completed weekly. Staff are identified using North West Care IT system and appointments made to facilitate the completion of appraisals.</p>

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



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