



The **Regulation** and  
**Quality Improvement**  
Authority

**Shankill (Lurgan) Community Projects Ltd**  
**RQIA ID: 11073**  
**Mount Zion House**  
**Edward Street**  
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**BT66 6DB**

**Inspector: Lorraine O'Donnell**  
**User Consultation Officer: Clair Mc Connell**  
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**Unannounced Care Inspection  
of  
Shankill (Lurgan) Community Projects Ltd**

**26 June 2015**

**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 26 June 2015 from 10.00 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

The details of the QIP within this report were discussed with the registered manager, Kathy Chambers as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Shankill (Lurgan) Community Projects LTD	<b>Registered Manager:</b> Mrs Kathy Chambers
<b>Person in charge of the agency at the time of Inspection:</b> Mrs Kathy Chambers	<b>Date Manager Registered:</b> 20 August 2013
<b>Number of service users in receipt of a service on the day of Inspection:</b> 47	

### 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 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 since the previous inspection.
- User Consultation Officer (UCO) report.

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and five relatives, either in their own home or by telephone, on 22 June 2015 to obtain their views of the service. The service users interviewed live in Lurgan and surrounding areas and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Respite service
- Security checks.

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

On the day of inspection the inspector met with three care staff to discuss their views regarding care provided by the agency, staff training and their knowledge in respect of the theme areas reviewed. Two staff questionnaires were received post inspection and are referenced within the report.

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

- Discussion with the registered manager and one senior carer
- Consultation with two care staff
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review information
- Three service user records in respect of the trust review process
- Three service user records in respect of the agency quality monitoring via telephone or face to face contact
- One service user's specific communication methods
- Three service user records in respect of the agency communication with service users and trust commissioners where changes to services have been identified
- Three staff quality monitoring/supervision records
- Two staff memos regarding service user changes and general information for staff attention.
- Two staff meeting/group discussion records
- Two staff appraisal records
- Staff training in respect of non-verbal communication
- 2014 annual report
- Process for management of missed calls
- Duty log/diary on call record
- On call pack and records
- Two monthly monitoring reports.

## **5. The Inspection**

Shankill Community Projects Ltd. is a domiciliary care agency in the Lurgan area. The service is provided for around 47 service users, by 16 staff. In order to meet the personal needs of the service users, the agency provide: personal care, mobility care, household duties, diet and medication care. In conjunction with the Trust, the agency provides each service user with a care plan.

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

The previous inspection of the agency was an unannounced care inspection dated 13 February 2015. The completed QIP was returned and approved by the inspector.

## 5.2 Review of Requirements and Recommendations from the Last Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 15.1	The registered person must ensure the complaint procedure includes information in regard to the role of the commissioning trust.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector examined the complaints procedure which included information in regard to the role of the commissioning Trust and independent Advocacy Services available. The registered manager informed the inspector that an updated complaints leaflet had been delivered to all service users.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 12.4	The registered person must ensure staff are in receipt of training in regard to restraint and human rights training.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector examined the staff training matrix which indicated that all staff had received training in regard to restraint and human rights. The two care staff who participated in the inspection confirmed they had received this training.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 5.2	The registered person must ensure that; <ul style="list-style-type: none"> <li>• service agreement and care plans detail information in regard to any restrictive practices</li> <li>• risks must be clearly identified.</li> <li>• strategies to manage identified risks must be agreed with the commissioning service and service users and/or their representatives</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector examined the records for one service user with regard restrictive practice and confirmed the service agreement; risk assessment and care plan outlined the risk and agreed strategies which were in place to manage the identified risk.	

<b>Recommendation 4</b>  <b>Ref:</b> Standard 8.10	The registered person must ensure arrangements are in place to inform service users of the outcome of the annual quality survey.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector examined a copy of the Spring Newsletter; this document contained information about the annual quality survey. The registered manager informed the inspector this newsletter had been delivered to all service users.	

### 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 information regarding service user and/or representative's views. The referrals detailed a care plan and relevant risk assessments. The agency risk assessments completed during their initial visit at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible.

The assessment of need, risk assessments and care plans reviewed during inspection found the records relating to changes had been updated for the service users to accurately reflect their needs and preferences. The care plans reviewed did not contain full staff signatures following every entry. The records of two service users did not contain evidence of annual reviews by the Trust of the service users' care needs. The staff who participated in the inspection confirmed this was an ongoing issue and requests had been made to the Trust to provide the agency with these records. The registered manager stated this had been raised again recently during a meeting the agency had with the HSC Trust representatives. During discussions with staff the inspector was provided with examples when staff had requested an increase in care provision to meet the changing needs of service users and this was evidenced in service users' care plans.

The UCO was advised that 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 the carer's knowledge of the required care.

The documentation relating to two service users was reviewed by the UCO during the home visits. The files contained a copy of the service user's care plan however one file did not include a risk assessment. However the risk assessment was held on file at the agency office and was made available during the inspection. The agency's log sheets in the two files reviewed were, in the main, being completed appropriately by the carers. A small number of calls had not been recorded by the carers.

The staff interviewed on the day of inspection were able to describe aspects of care provision which reflected their understanding of service user's choice, dignity, and respect. These staff confirmed they regularly deliver care to the same service users, to ensure continuity. Two staff

returned completed questionnaires, the two staff confirmed they have received training which assists them ensure the care they give is safe. These staff members indicated the allocated time for some calls was no long enough.

Overall on the day of the inspection the inspector found the care to be safe.

### **Is Care Effective?**

Communication with service users and their relatives regarding service delivery was reviewed during the inspection and this has been achieved through service user quality monitoring processes, daily contact with the agency via telephone and on call arrangements which maintain open channels of communication. Where communication difficulties arise due to service users individual needs the agency endeavour to adapt appropriate means of communication. The staff who participated in the inspection described how service users with communication issues benefited from the same staff member being allocated to care for them. Evidence presented during inspection supported staff receiving information in respect of non-verbal communication specific to service users with communication difficulties. The agency Service Users Guide is provided to all service users and contains information that it can be made available to service users in a variety of formats on request.

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.

The two staff questionnaires received following the inspection day confirmed that staff were satisfied with the training received in relation to core values, communication methods and dementia care.

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise.

Questionnaires have recently been sent out by the agency to obtain the views of the service from service users or their representatives. Management visits are taking place on a regular basis to discuss their care, and some of the people interviewed were able to confirm that observation of staff practice had taken place.

The most recent monthly monitoring reports reviewed evidenced working practises are being systematically reviewed along with detailed information relating to ongoing quality monitoring feedback. They also evidenced service users were visited in their homes and family members were present on occasions. The records also evidenced the agency contacted health care professionals involved with the service users' care. Service user records viewed in the agency office evidenced how feedback received had been followed up.

Discussion with staff during the inspection confirmed they received spot checks which were unannounced during which they were observed delivering care to service users.

Overall on the day of the inspection the inspector found the care to be effective.

## Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Shankill (Lurgan) Community Projects. 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, personal care and activities, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- “My XXX has developed a good relationship with the girls.”
- “Great service. It’s a real help to the family and they let me know if there are any concerns.”
- “Very good to me.”
- “XX looks forward to them coming; very fond of them.”

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples included working with service users with limited verbal communication and mobility.

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.

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.

Overall on the day the inspector found that care delivery was compassionate

## Areas for Improvement

The agency has met the required standards in respect of theme one for most areas reviewed. The registered manager must ensure all activities in relation to the service users’ care plan are recorded in accordance with the minimum standards.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 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, policies and processes were noted to be 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 calls.



Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails and evidence of these communications were verified during the inspection. The agency holds a policy on dealing with missed calls and the agency staff demonstrated their knowledge of this process during the inspection.

The registered manager and the care staff who participated in the inspection informed the inspector that agency had recently reduced the number of clients they provided care for. This was done following a request by the registered manager to the service provider. The registered manager informed the inspector that due to a reduction in staff numbers related to staff leaving to take up new posts, they had experienced difficulty delivering the service to the number of service users. The agency could not source adequate numbers of additional staff, therefore the agency requested a meeting with the HSC Trust contracts officer to negotiate and arrange the transfer of care of some service users to alternative providers.

Ongoing review of matters arising are detailed within the agency monthly monitoring process and reports and review of two monthly reports during inspection supported appropriate action taken by the agency where matters had arisen.

Overall on the day the inspector found that care delivery was safe.

### **Is Care Effective?**

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed.

One relative advised that they had experienced a small number of missed calls from the agency.

Staff spoken with confirmed that they felt supported by senior staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access to a service user's home. They also stated that the reduction in the number of service users would help reduce the likelihood of missing calls.

Overall on the day the inspector found that care delivery was effective.

### **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 in general to be good with appropriately trained and skilled staff who delivered compassionate care.

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

Overall on the day the inspector found that care delivery was compassionate.

### **Areas for Improvement**

The agency has met the required standards in respect of theme two for all areas reviewed.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

On the day of inspection the agency did not have a policy on Restraint available. Therefore a recommendation is made in relation to this issue.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Kathy Chambers, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

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 agency. 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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan	
Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time  <b>To be Completed by:</b>  <b>With immediate effect from the date of inspection</b>	<p>The record maintained in the service user's home details:</p> <ul style="list-style-type: none"> <li>the date and arrival and departure times of every visit by agency staff</li> </ul>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Following inspection, the DCM wrote to all staff on 30th June reinforcing the fact that all visits must be properly dated and arrival and departure times noted on the care plan.</p> <p>W/c 29th June DCM and Senior Carer met with individual staff members to reiterate this point. This information is reinforced in the daily checklist which is circulated to all care staff.</p> <p>DCM and Senior Carer will continue to undertake regular announced and unannounced checks to ensure compliance with this standard.</p> <p>A policy review of record keeping contained in the induction materials, staff handbook and policy documentation has commenced and will be completed by 30.09.2015.</p> <p>On days when a service user does not require a call for example due to hospital appointment or visiting friends, this information is retained in the service user's file at Head Office and is available for reference and will not appear in the care plan retained in a service user's home as only care delivered is recorded in the care plan.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 5.6  <b>Stated:</b> First time  <b>To be Completed by:</b>  <b>With immediate effect from the date of inspection</b>	<p>All service users' records contain the signature of the person making the entry.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Following inspection, the DCM wrote to all staff on 30th June reinforcing that when completing the care plan all staff must sign their full name and not initials.</p> <p>W/c 29th June DCM and Senior Carer met with each individual staff members to reiterate this point. This information is reinforced in the daily checklist which is circulated to all care staff.</p> <p>DCM and Senior Carer will continue to undertake regular announced and unannounced checks to ensure compliance with this standard. Monitoring will be reflected in the responsible person's monthly monitoring report.</p> <p>A policy review of record keeping contained in the induction materials, staff</p>

	handbook and policy documentation has commenced and will be completed by 30.09.2015.		
<b>Recommendation 3</b> <b>Ref:</b> Standard 9.1 <b>Stated:</b> First time <b>To be Completed by:</b> <b>26 August 2015</b>	There are policies and procedures in place that direct the quality of care and services.		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>SLCP has a policy on Responding to Service User's Behaviour which contains a sub section on Restraint dated October 2012. At our last annual inspection in February 2015, the issue of restrictive practice was raised and this issue together with the issue of restraint were the subject of a policy review at the time of this inspection.</p> <p>In terms of the development of an appropriate policy, this was ongoing at the time of the inspection. In the development of this policy, SLCP sought clarity from the local commissioning Trust initially on 24.02.15. These discussions were completed on 16.07.15 (outside the inspection period) when the Trust produced a policy on restrictive practices. SLCP is currently using this policy to inform its own policy on restrictive practice and restraint. This is due to be completed by 11.09.15.</p> <p>All existing staff have successfully completed accredited training on restrictive practice which includes restraint and this training is main - streamed into SLCP's induction programme for new staff.</p>		
<b>Registered Manager Completing QIP</b>	Kathy Chambers	<b>Date Completed</b>	25.08.2015
<b>Registered Person Approving QIP</b>	Janice Bunting	<b>Date Approved</b>	25.08.2015
<b>RQIA Inspector Assessing Response</b>	Lorraine O'Donnell	<b>Date Approved</b>	31.8.2015

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