

# Announced Care Inspection Report 15 January 2018



## Shankill (Lurgan) Community Projects Ltd

**Type of Service: Domiciliary Care Agency**

**Address: Mount Zion House, Edward Street, Lurgan BT66 6DB**

**Tel No: 02838324680**

**Inspector: Caroline Rix**

**User Consultation Officer: Clair McConnell**

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

Assurance, Challenge and Improvement in Health and Social Care

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

Shankill (Lurgan) Community Projects Ltd is a domiciliary care agency which provides personal care, practical and social support to 50 people living in their own homes. The agency provides services within the Lurgan, Derrymacash and Derrytrasna areas of Northern Ireland. Service users have a range of needs including physical disability, learning disability, dementia and palliative care. The Southern Health and Social Care Trust (HSC trust) commission the majority of their services, and the agency have a small number of privately funded service users. .

### 3.0 Service details

<b>Registered organisation/registered person:</b> Shankill (Lurgan) Community Projects Ltd/James Joseph Nelson	<b>Registered manager:</b> Katrina Bridge (Acting)
<b>Person in charge of the service at the time of inspection:</b> Katrina Bridge(Acting)	<b>Date manager registered:</b> 5 September 2017

### 4.0 Inspection summary

An announced inspection took place on 15 January 2018 from 10.00 to 15.30 hours.

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 with any areas for improvement identified since the last care inspection and 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 a number of areas of service delivery and care records and was supported through review of records at inspection.

Areas requiring improvement were identified in relation to management of safeguarding matters, incident reporting and their annual quality review of services.

During the inspection the inspector spoke with the recently appointed manager, the acting manager and the registered person who was present for part of the inspection.

Service users and families communicated with by the User Consultation Officer (UCO), presented a range of feedback regarding the service provided by Shankill (Lurgan) Community Projects agency in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the managers during inspection.

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
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with both managers and the registered person, 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 6 March 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 March 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
- Notification of Incidents records
- Correspondence with Regulation and Quality Improvement Authority (RQIA)
- User Consultation Officer (UCO) report

Prior to the inspection the UCO spoke with three service users and six relatives, either in their own home or by telephone, on 4 and 5 October 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

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

The inspector had the opportunity to speak with seven care workers and a senior care worker during inspection to discuss the care services they deliver. Their feedback is included within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff questionnaires were returned.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting.
- Two new staff member's recruitment and induction records.
- Two long term staff members' supervision and appraisal records.
- Staff training records.
- Staff NISCC registration and renewal of registration processes.

- Statement of purpose.
- Service user guide.
- Four service users' records regarding referrals and care planning.
- Four service users' records regarding ongoing review, and quality monitoring.
- Daily logs returned from service users' homes.
- Monthly monitoring report.
- Annual quality review report.
- Communication records with HSCT professionals.
- A range of compliments records.
- A range of complaints records.
- A range of incident records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of this inspection were provided to the managers and the registered person at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 6 March 2017

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 06 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 13(d) <b>Stated:</b> First time	The registered provider must review their 'recruitment and selection of staff' procedure to include a statement by the registered manager that the person is physically and mentally fit for the purposes of the work which he is to perform.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector found that the policy and procedure on recruitment and selection of staff had been reviewed and updated March 2017.	

	This document now includes all elements in line with legislation.	
<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 8.12 <b>Stated:</b> First time <b>To be completed by:</b> 1 May 2017	The registered provider is recommended to expand their annual quality review process to include staff and service commissioners' views.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the annual quality review process and found it had not been expanded as recommended 6 March 2017. The inspector reviewed their annual quality review report dated June 2017 which did not include staff and service commissioners' views.	

### 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.**

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 Shankill (Lurgan) Community Projects. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of practice given included staff assisting service users to mobilise, use of equipment to assist service user out of bed and management of medication. 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:

- "XXX knows them all."
- "Peace of mind for us."
- "Any concerns they let me know."

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Two files were reviewed relating to recently appointed staff, which confirmed all the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. An induction programme had been completed with each staff member and staff files supported an induction process lasting more than three days as required.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed all of the staff are registered with The Northern Ireland Social Care Council (NISCC). The manager discussed the system introduced to identify when staff are due to renew registration which was found to be satisfactory.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding Adults and Children' policy and procedure provided information and guidance; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. However, this procedure needs expanded to include identifying the agency's named Adult Safeguarding champion and detailing that person's key responsibilities in line with the regional safeguarding operational procedures, 2006.

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

All of the staff interviewed had a clear understanding of their roles 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.

Safeguarding was discussed during inspection with both managers and the responsible person. Information received by RQIA prior to this inspection reported that the agency had failed to identify and report a service user safeguarding issue and had not informed the commissioning Health and Social Care Trust (HSC Trust). Review of records by the inspector found evidence to substantiate these concerns regarding the agency's failure to identify and report a safeguarding matter within the expected timescale.

The inspector was informed that the agency management had met with the HSC Trust on a number of occasions since November 2017 and an agreed action plan was in place detailing how they proposed to address the failures identified. The responsible person confirmed that during their most recent meeting in January 2018, the HSC Trust was satisfied with the progress being made in line with their action plan. Subsequent to this inspection, the inspector received confirmation, from the HSC Trust, that they were satisfied with the agency's progress in line with the agreed action plan to address the agency's understanding of safeguarding concerns/issues. Training for the agency management team on Adult Safeguarding was confirmed to be booked for January and February 2018.

The inspector viewed the monthly client monitoring report provided to the HSC Trust for December 2017 which confirmed their action plan was being implemented. The managers both presented appropriate knowledge in managing matters when they arise.

The manager confirmed that meetings had been held in December 2017 and January 2018 with the service user's representative and the HSC Trust keyworker following the safeguarding report. The care review meetings had resulted in agreement that the agency reduced the range of services provided to this service user.

A review of safeguarding documentation confirmed that a second potential concern was managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Staff training records viewed for 2017 confirmed all care workers had completed the required mandatory update training programme. Records reviewed and staff feedback indicated that staff had attended a range of training necessary to meet the needs of their service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including; dementia awareness. Staff spoken with during the inspection confirmed the availability of ongoing update training alongside supervision and appraisal processes and quality monitoring within service users own homes.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose. Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

### **Areas of good practice**

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

### **Areas for improvement**

The registered person shall review their Safeguarding Adults and Children procedure to include identifying the agency's named Adult Safeguarding champion and detailing that person's key responsibilities in line with required guidance.

The registered person shall ensure that all accidents and any incidents occurring when an agency worker is delivering a service are reported as required to relevant organisations in accordance with legislation and procedures, and a record of these is maintained for inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1



## 6.5 Is care effective?

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

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. One of the service user's relative interviewed advised that they had experienced one missed call from the agency. The inspector reviewed records relating to the missed call and found the matter had been appropriately addressed with the staff involved and feedback given to the service user's relative. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Shankill (Lurgan) Community Projects were raised with the UCO. The majority of the service users and relatives advised that home visits and phone calls have taken place as well as questionnaires from the agency to obtain their views on the service.

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

- "Appreciate their help."
- "Do a good job."
- "Extremely professional."

As part of the home visits, the UCO reviewed the agency's documentation in relation to three service users and one care plan requires to be updated. The manager confirmed on the day of the inspection that this care plan had been updated.

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained detailed information and evidenced that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met along with regular contacts by phone or during monitoring visits. The manager confirmed that they are usually invited to attend or contribute in writing to the trust arranged care review meetings with service users/relatives. The records evidenced that an amendment form from the HSC trust detailing any agreed change to the original care plan had been provided.

Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans.

The agency's policies and procedures on 'record keeping' and 'confidentiality' were viewed and found to contain clear guidance for staff.

The inspector reviewed a sample of completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users' needs were identified. Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home; although it was stated that most service user homes have a coded keypad entry system in place.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, reviews, 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
<b>Total number of areas for improvement</b>	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.**

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. Service users, as far as possible, are given their choice in regards to meals, personal care and social outings.

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 Shankill (Lurgan) Community Projects. Examples of some of the comments made by service users or their relatives are listed below:

- "The girls are very, very nice."
- "XXX gets to choose what activity they do."
- "Have developed a great rapport with the carers."

Observation of staff practice carried out within service users' homes on a regular basis was confirmed through records viewed in the agency office and discussions with staff. Records highlighted no concerns regarding staff practice during spot checks/monitoring visits and this was confirmed by the manager.

One record contained a request from the service user to have the back to bed call time later, which had been accommodated by the agency. Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

The agency's compliments records were viewed; these contained positive feedback from service users' /relatives which had been shared with staff individually and with teams. Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Thank you for everything you did for xxx.' (Thank you card from family of a late service user).
- 'Thanks you to all the staff. They were all lovely coming in to the home and looking after xxx so well.' (Thank you card from family of a late service user).
- 'Thank you to all the carers coming in to my home, I could not survive without them.' (Thanks expressed by a service user during review meeting).

**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. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 agency's RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Discussion with the managers and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards that are retained in hard copy manuals. Staff described how they access the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in line with the domiciliary care agency minimum standards. The recently appointed manager confirmed that she plans to review all the policies and procedures in the coming months.

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 complaints were raised regarding the service or complaints about the management.

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 agency's complaints procedure viewed was found to be in line with regulations and standards. Staff members interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints and incidents log was viewed for the period 1 April 2016 to inspection date 15 January 2018 with a small number of complaints and incidents recorded. The inspector reviewed one complaint record which supported appropriate management, review and resolution of the issue.

Discussion with the managers and review of records evidenced that systems were in place to ensure that notifiable events are reported to RQIA and other relevant bodies appropriately. On the day of the inspection the review of one out of two safeguarding matters did not support appropriate management. This area has been described within the previous section, 6.4 'Is care safe?' of this report with an area for improvement made.

The monthly monitoring report was viewed for December 2017. This report evidenced that the registered person had commenced monitoring the quality of service provided, since taking on this role in November 2017, in accordance with minimum standards. This report contained a summary of service user and staff monitoring, feedback and views of other professionals; and evidenced how any issues arising had been managed. The inspector reviewed the monthly report submitted to the HSC Trust for December 2017 which contained records of monthly feedback from contacts with service users.

The inspector reviewed the annual quality review process and found it had not been expanded as recommended 6 March 2017. The inspector reviewed their annual quality review report dated June 2017 which contained feedback from service users and relatives, however, did not include staff and service commissioners' views. The manager confirmed that the June 2017 report had been shared with all service users. The inspector discussed the annual quality review process with the managers who confirmed a clear understanding of the governance arrangements required.

The staff interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of complaints, quality improvement and maintaining good working relationships with all key stakeholders.

### **Areas for improvement**

The registered person shall expand their annual quality review process to include staff and service commissioners' views.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with both managers and the registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (6) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 March 2018	<p>The registered person shall review their Safeguarding Adults and Children procedure to include identifying the agency's named Adult Safeguarding champion and detailing that person's key responsibilities in line with required guidance.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Policies and procedures reviewed and Safeguarding Champion identified.            Contact details and responsibilities of Safeguarding Champion made available to all staff.            Staff have attended training in safeguarding and are aware of reporting requirements.</p>
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.12  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 March 2018	<p>The registered person shall expand their annual quality review process to include staff and service commissioners' views.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Annual Quality review due in May/June.            Questionnaires have been updated to include views of service users, key workers and staff.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.16  <b>Stated:</b> First time  <b>To be completed by:</b> 1 March 2018	<p>The registered person shall ensure that all accidents and any incidents occurring when an agency worker is delivering a service are reported as required to relevant organisations in accordance with legislation and procedures, and a record of these is maintained for inspection.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Staff have been made aware of the guidelines regarding reporting and any incidents will be reported accordingly.            Records of all reported incidents will be maintained.</p>

**\*Please ensure this QIP is completed in full and returned via Web Portal\***



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