

Unannounced Care Inspection Report 6 March 2017



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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Shankill (Lurgan) Community Projects Ltd took place on 6 March 2017 from 10.00 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust.

One area for quality improvement was identified. 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.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. However, one area for quality improvement has been identified. The inclusion of all stakeholders in the annual quality review of service provision has been recommended.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Kathy Chambers, registered manager, and the deputy 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 June 2015.

2.0 Service details

Registered organisation/registered person: Shankill (Lurgan) Community Projects Ltd/James Joseph Nelson (registration pending)	Registered manager: Kathy Margaret Chambers
Person in charge of the service at the time of inspection: Kathy Margaret Chambers	Date manager registered: 20 August 2013

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2016/2017
- User Consultation Officer (UCO) report

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

- Discussion with the responsible manager
- Discussion with care workers
- Examination of records
- File audits
- Evaluation and feedback

As part of the inspection, the UCO spoke with four service users and seven relatives, either in their own home or by telephone, on 13 February 2017 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with management of medication, personal care, meals, housework and sitting service.

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

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

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Ten completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff Handbook
- Minutes of staff meeting November 2016
- Service user compliments
- Complaints log
- Monthly monitoring reports for December 2016, January and February 2017
- Annual quality report 2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, incident notification, training and development, management of missed calls and complaints
- Manager's daily contact log records/on call logs
- Record of incidents reportable to RQIA in 2016/2017

4.0 The inspection

Mount Zion Community Care (MZCC), an agency within Shankill Community Projects Ltd., is a domiciliary care provider in the Lurgan/Craigavon area. The community care section of the organisation was established in 2005 and provides care and support for people in their homes, both on a practical and personal care level. The agency has the stated aim of "enabling older and vulnerable people to enjoy life". The rights of service users are emphasised in the written Statement of Purpose and include, amongst others, the rights to choice, fulfilment, privacy, confidentiality and safety.

4.1 Review of requirements and recommendations from the last care inspection dated 26 June 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.2 Stated: First time	The record maintained in the service user's home details: <ul style="list-style-type: none"> the date and arrival and departure times of every visit by agency staff 	Met
	Action taken as confirmed during the inspection: Files were viewed in service user's home which confirmed staff were maintaining accurate details relating to each visit.	
Recommendation 2 Ref: Standard 5.6 Stated: First time	All service users' records contain the signature of the person making the entry.	Met
	Action taken as confirmed during the inspection: Files were viewed in service user's home which confirmed staff were completing their full signatures on each entry made.	
Recommendation 3 Ref: Standard 9.1 Stated: First time	There are policies and procedures in place that direct the quality of care and services.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the policy and procedure manuals and confirmed that these were in place as listed within the Minimum Standard Appendix 1.	

4.2 Is care safe?

The agency currently provides services to forty eight service users living in their own homes within the Southern Health and Social Care Trust area.

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 given included manual handling, use of equipment 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:

- “Consistency is good and new carers shadowed before calling on their own.”
- “If anything is wrong with my XXX they let me know.”
- “Couldn’t do enough for us.”

There are 21 staff employed currently to provide care and support to their 48 service users. A range of policies and procedures was reviewed relating to staff selection, recruitment and induction training and, with one exception, were found to be in compliance with relevant regulations and standards.

The agency’s ‘recruitment and selection of staff’ procedure was reviewed and is required to be expanded 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.

Four staff files were sampled for review by the inspector. These staff files verified that the pre-employment information and documents had been obtained as required, with the exception of a statement by the registered manager that each worker was physically and mentally fit for the purposes of the work. This area was discussed with the registered manager, who confirmed a review of all staff files would be carried out and the relevant details completed. An induction programme had been completed with each staff member that included a competency assessment for each new care worker and subsequent supervision records maintained.

The agency’s policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their ‘Safeguarding Children, Young People and Vulnerable Adults’ policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: ‘Adult Safeguarding Prevention and Protection in Partnership’. This was discussed with the registered manager who provided assurances in relation to a timely update of the agency’s procedure in line with the DHSSPSNI guidance document. The registered manager confirmed that the revised guidance would be included within the update training on Protection of Vulnerable Adults scheduled for all care workers.

The agency’s ‘whistleblowing’ policy and procedure was found to be satisfactory. Each of the five care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

Staff training records viewed for 2016 confirmed all care workers had completed the required mandatory update training programme. Competency assessments in the area of safeguarding vulnerable groups and manual handling were reviewed and found to be appropriately detailed. The inspector reviewed competency assessments for four staff members during inspection which were signed off by the manager. Review of staff training for all staff on the agency’s training plan for 2016/2017 included each of the required mandatory training subject areas along with other training relevant to service users’ care needs e.g. dementia awareness.

Staff questionnaires received by the inspector confirmed that they had received training for their role and that they felt service users were safe and protected from harm. These staff questionnaires indicated that they received supervision meetings and an annual appraisal.

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 for improvement

One area for quality improvement was identified during the inspection.

The 'recruitment and selection of staff' procedure was reviewed and is required to be expanded 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.

Number of requirements	1	Number of recommendations	0
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4.3 Is care effective?

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

One issue regarding communication between the service users, relatives and staff from Shankill (Lurgan) Community Projects was raised with the UCO in relation to changes in call times. This area was discussed with the registered manager on the day of inspection, who confirmed that as far as possible service users/relatives are advised of any changes to planned call times but would review their processes of communicating this information.

The service users and relatives advised that home visits and monitoring visits have taken place on a regular basis by the registered manager. Some of the service users and relatives interviewed by the UCO were also able to confirm that they had been involved in trust reviews and they have received 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:

- "XXX has developed a trust with the carers."
- "Gets on well with each other."
- "Can't thank them enough."

Service user records viewed by the inspector included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments by a range of professionals as necessary. The assessments completed by the agency at service commencement were viewed along with ongoing evidence that service users' and/or representatives' views are obtained and where possible incorporated.

The agency's policy and procedure on 'Recording and Reporting Care Practices' was viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by the registered manager, with no practice issue identified. As part of the home visits, the UCO reviewed the agency's documentation in relation to three service users and two issues regarding the recording of calls were noted and discussed with the registered manager. On the day of inspection the inspector was satisfied that these recording matters had been addressed.

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 are identified. Staff interviewed and questionnaires returned confirmed ongoing quality monitoring is completed by the agency to ensure effective service delivery.

The registered manager confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with five care staff during the inspection supported review of this topic as necessary. Staff meeting minutes reviewed during inspection also supported this topic area being discussed.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care needs. Service user files reviewed during inspection contained evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to trust professionals and evidence of this process was reviewed during inspection.

Of questionnaires returned by staff, all indicated they were 'very satisfied' or 'satisfied' that care was effective.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

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 and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires on a regular basis 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:

- "My XXX's condition has improved since the carers started."
- "Very friendly and reliable."
- "Grateful to have them. They're very kind."

Four service users' files were examined and documentation evidenced the agency had developed care plans individualised to suit the service users' needs. These care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or representatives' views had been obtained, and where possible, incorporated.

Care workers interviewed described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff questionnaires received indicated that they felt service users' views were listened to and they were involved in decisions affecting their care.

The inspectors confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. Staff records evidenced that supervision and appraisals had been completed in line with their procedure timescales.

The agency's compliments records were viewed; these contained positive feedback from service users, relatives and commissioning trust representatives which had been shared with staff individually and at team meetings.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Thank you to all staff for their care and attention given to my aunt until her recent passing.' (Thank you card from a late service user's relative).
- 'Thank you to xxx for her herd work, giving first aid to me relative, who would not be alive today if not for her help.' (Phone call from relative of a service user).

The care workers interviewed indicated that they felt supported by the manager who 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.

Staff questionnaires received indicated that they were 'very satisfied' their service users were treated with dignity and respect and were involved in decisions affecting their care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately.

The registered manager, Kathy Chambers, is supported by a deputy manager in the management of this domiciliary care agency. Under the direction of the management team, care workers provide domiciliary care and support to 48 people living in their own homes.

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 registered manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities. The policy and procedure manual was reviewed and contents discussed with the manager. Staff confirmed that they had access to the agency's policies and procedures in a range of formats. The arrangements for policies and procedures to be reviewed, at least every three years, were found to be in place with all of the policies sampled reviewed during previous two years.

The agency's complaints procedure viewed was found to be in line with regulations and standards; however, on the day of inspection, this document was revised to include the contact details of the Northern Ireland Public Services Ombudsman in light of recent changes to this organisation. The registered manager provided an assurance that this revised information would be shared with service users during upcoming review visits.

Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

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. One relative advised that they had raised small concerns with the manager and that they were satisfied with the outcome. No concerns regarding the management of the agency were raised during the interviews.

The complaints log was viewed for the period 1 April 2015 to inspection date 6 March 2017 with a range of complaints recorded. The inspector reviewed a sample of two complaints records which supported appropriate management, review and resolution of each complaint.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events are reported to RQIA and other relevant bodies appropriately. A review of records evidenced that three notifiable events/safeguarding matters had been reported in the past year and each had been reported as required and appropriately managed.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency is usually invited to attend, or contribute in writing, to the commissioning trust arranged care review meetings with service users/representatives. The registered manager confirmed that where applicable, they are provided with an amendment form from the trust care manager detailing any changes to the original care plan.

Monthly monitoring reports were viewed for December 2016, January and February 2017. These reports evidenced that there had been monitoring of the quality of service provided which included a summary of staff and service user monitoring, compliments and complaints; and evidenced how any issues arising had been managed.

The agency had completed their annual quality review during June 2016. Questionnaires are issued to service users on an annual basis to obtain feedback regarding service delivery. Evidence of this process was reviewed during inspection in terms of service user quality monitoring and the annual survey.

The inspector viewed the annual quality report dated June 2016, which contained feedback from service users and relatives. The registered manager confirmed that this report had been provided to all service users in July 2016.

The content of their annual quality review report was discussed with the registered manager. The inspector recommended that the agency's annual quality review report be expanded to include feedback from staff and commissioners of their service.

Staff questionnaires received all indicated that they were 'very satisfied' that the service was well led and included comments: 'I feel that Mount Zion provides a first class service', and 'Management are excellent.'

Areas for improvement

One area for improvement was identified during the inspection.

The registered person/manager is recommended to expand their annual quality of service evaluation process to include staff and commissioners' views.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathy Chambers, the registered manager, and the deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the domiciliary care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 13(d) Stated: First time To be completed by: 1 May 2017	<p>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.</p> <p>Response by registered provider detailing the actions taken: Following inspection, the DCM is confirming the above statement has been introduced with all new staff commencing work from 6th March 2017 - This document is entitled Fitness for Practice Form</p> <p>This form will be filled in by the manager/deputy manager on the first day of employment of the employee starting work with Mount Zion Community Care and placed in the employees file to state that they are medically fit for practice.</p>
Recommendations	
Recommendation 1 Ref: Standard 8.12 Stated: First time To be completed by: 1 May 2017	<p>The registered provider is recommended to expand their annual quality review process to include staff and service commissioners' views.</p> <p>Response by registered provider detailing the actions taken: Following Inspection, the DCM has produced a small questionnaire for staff and service commissioners (keyworkers) views.</p> <p>This questionnaire will go out at the same time as the Annual Quality Review questionnaire to the clients in June 2017.</p>

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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