

# Unannounced Care Inspection Report 2 August 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**

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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 48 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 a small number of direct payments and privately funded service users.

### 3.0 Service details

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b> Shankill (Lurgan) Community Projects Ltd<br><br><b>Responsible Individual:</b> Mr James Joseph Nelson | <b>Registered Manager:</b><br>Mrs Edel McCaughley, registration pending                     |
| <b>Person in charge at the time of inspection:</b><br>Edel McCaughley  | <b>Date manager registered:</b><br>05/12/2017- application received - registration pending. |

### 4.0 Inspection summary

An unannounced inspection took place on 2 August 2018 from 09.30 to 16.00.

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 with any areas for improvement identified during and 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 service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff.

An area requiring improvement was identified in relation to adult safeguarding training to be completed by the registered provider.

Service users said 'The girls are great', 'I couldn't ask for better'. Many examples of good practice were highlighted and complimented and have been detailed within the body of this report.

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. The inspector would like to thank the manager, deputy manager, service users, relatives and staff of the agency for their co-operation throughout the inspection.

### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with registered provider Joseph Nelson, the 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.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 15 January 2018**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 January 2018.

#### **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 and QIP
- Record of notifiable events for 2017/2018
- All communications with RQIA.

During the inspection the inspector spoke with the registered provider, manager, deputy manager, two senior care workers and four care workers. Their feedback has been included throughout this report.

On the day of inspection, the inspector met with three service users and one relative during visits to their homes, to obtain their views of the service. These service users receive assistance with personal care and social support. The inspector also reviewed the agency's documentation held in service users homes during the visits.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No feedback from staff was received by RQIA in time for inclusion in this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records
- Two staff induction records
- Three staff supervision
- One staff appraisal record
- Three staff training records
- Staff training plan
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide

- Three service users' records regarding referrals, reviews and quality monitoring
- Three monthly monitoring reports.
- Annual quality review report for 2017/2018
- Communication records with other professionals
- Notification and incident records
- Complaints log
- Compliments log

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered provider Joseph Nelson, the manager and the deputy manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 15 January 2018

The most recent inspection of the agency was an announced 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 15 January 2018

| 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><br><b>Ref:</b> Regulation 15 (6) (a)<br><b>Stated:</b> First time              | 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.<br><br>Ref: 6.4                              | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>The inspector reviewed the Safeguarding Adults and Children procedure which had been updated to include identifying the Adult Safeguarding champion and detailing their key responsibilities in line with required guidance. |                          |

| Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011. |   | Validation of compliance |
|--|---|--------------------------|
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 8.12<br><br><b>Stated:</b> Second time | The registered person shall expand their annual quality review process to include staff and service commissioners' views.<br><br>Ref: 6.7   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>The inspector reviewed records that evidenced their annual quality review process had included staff and service commissioners' views.   |                          |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 8.16<br><br><b>Stated:</b> First time  | 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.<br><br>Ref: 6.4     | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>The inspector confirmed that the procedures for reporting accidents, incidents and events had been updated. Records evidenced that the reporting of accidents, incidents and events had been completed in line with legislation and protocols. |                          |

### 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.**

A range of policies and procedures was 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.

The agency's staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information has been obtained prior to commencement of employment. Documentation viewed by the inspector indicated that there is a robust recruitment system in place to ensure all required checks have been satisfactorily completed

prior to staff being provided into service users homes. The inspector examined a sample of three staff personnel records; documentation viewed included details of the recruitment processes and evidenced that pre-employment checks had been completed in line with required regulations. The manager confirmed they have had an increased number of new care staff appointed since May 2018.

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered or have applied to be registered with the Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staff are due to renew registration with NISCC.

The induction programme for new staff was viewed, which included a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16 (5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system.

Discussions with staff on the day of inspection confirmed that the induction process was appropriate and provided them with the skills to fulfil the requirements of their job roles.

One staff member commented:

- “We receive mandatory training and shadowing which is compulsory before we work with service users, we wouldn’t be allowed to work without it”.

The inspector received feedback from a service user during inspection stating;

- “I think some of the new care staff needs extra time shadowing to learn the special needs I have.”

This area was discussed with the manager who agreed to review the shadowing timescale for service users who have complex care needs.

Staff training records viewed for 2017/2018 confirmed that all care workers had completed the required mandatory update training programme. The training plan for 2018 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users’ care needs including, dementia awareness. Staff spoken with described the value of the additional training received in improving the quality of care they provided

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’. The inspector reviewed the procedure which had been updated to include the identity of the Adult Safeguarding champion and detailed their key responsibilities in line with required guidance. The agency’s whistleblowing policy and procedure was found to be satisfactory.

The staff spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected abuse, and described their role in relation to reporting poor practice.



During the previous inspection on 15 January 2018, training for the agency management team on Adult Safeguarding was confirmed to be booked for January/February 2018. Records confirmed that the manager and deputy manager had completed this training in February 2018. However, the registered provider, Joseph Nelson, had not attended this training as arranged and is required to complete this training as soon as possible.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures. One safeguarding report had been received since the previous inspection and had been appropriately managed.

A review of incident reports documentation confirmed that all reports were managed appropriately in accordance with the agency's policies and procedures. There were a small number of incidents notified to RQIA and these were confirmed as having been received in line with the required timescale. The inspector was satisfied that all appropriate measures are in place, in conjunction with other relevant professionals, to ensure the safety of service users.

The inspector was advised by the service users and relative spoken with that there were no concerns regarding the safety of care being provided by Shankill 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 ensuring that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the inspector by the service users or relative; examples of care given included manual handling skills, use of equipment and medication management. All of the service users and relative 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:

- "No problems with service, very happy with the same staff who visits."
- "They are great girls; I love to see them arrive."
- "I couldn't manage without the great care they provide; I have the highest praise for the girls. I am kept up to date with any and all little changes."
- "I can trust staff in every way. We feel safe and can relax when they are here."

The agency's registered premises include a range of offices and staff facilities which are suitable for the operation of the agency as set out in the Statement of Purpose.

### **Areas of good practice**

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

### **Areas for improvement**

An area for improvement has been identified in relation to the adult safeguarding training to be completed by the registered provider.

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



## 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 the needs of people who use the service were examined during the inspection.

The care plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed the service users' needs and how they wished these to be met.

Service user records viewed on the day of inspection included referral information received from the SHSCT. 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 evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

Feedback received by the inspector from service users, relative and staff indicated that service users have a genuine influence on the content of their care plans.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

A sample of 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 and during monitoring visits. The manager confirmed that they are not usually invited to attend or contribute in writing to the SHSCT arranged care review meetings with service users/relatives. However, the records evidenced that an amendment form from the SHSCT detailing agreed changes to the original care plan had been provided.

Staff spoken with 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. A staff member commented during the inspection:

- "We have very good communication and are kept up to date with any changes to our service user's needs. I can call or drop into office anytime I need advice or guidance."

The inspector was informed by the majority of service users and relative spoken with that there were no concerns regarding carers' timekeeping or that care had been rushed. The service users and relatives advised that they had not experienced any missed calls from the agency. However, one service user indicated that they had not been notified when care workers were running very late for a bedtime call. This area was discussed with the manager who confirmed communication has been reviewed between care workers, the on-call staff and service users.

No other issues regarding communication between the service users, relative and staff were raised with the inspector. Each of the service users and relative advised that home visits and phone calls have taken place to obtain their views on the service; and 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:

- "Very good service, they are all so polite and chatty, even the new girls."

- “Very reliable girls, who put my mother at ease and do a fine job, I am very happy with the care she gets.”
- “The care is very good.”

As part of the home visits the inspector reviewed the agency’s documentation in relation to three service users and no issues were identified within the care plans or daily log records.

The agency’s staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant 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.**

The inspection 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. 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.

There were processes in place to promote effective engagement with service users, they include the agency’s monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring calls/visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

Compliments reviewed within monthly monitoring reports provided the following information in support of compassionate care:

- ‘Very happy with service provided.’
- ‘I am very happy with the wee girls; they are all wonderful.’

All of the service users and relatives spoken to by the inspector confirmed that they felt the care was compassionate. The service users and relative advised that carers treat them with dignity and respect, and care had not been provided in a rushed manner. Service users, as appropriate, are given their choice in regards to personal care, meals and activities.

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

- “Xxxx (staff member) is one of the best; she looked after my late husband as well. I couldn’t do without the carers. I look forward to the girls calling and we have a chat as well.”
- “I get all the help I need. I feel I am spoilt rotten.”
- “The girls always have a smile and are cheerful when here. They leave me comfortable and the place tidy.”

Staff spoken with during the inspection demonstrated appropriate knowledge regarding the delivery of compassionate care and described practices supporting individual service user’s wishes, dignity and respect.

One staff member commented during the inspection:

- “I love my job, knowing I am helping people and building trust and relationships with service users and their family.”

### 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. Discussions with staff 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 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 have been established and implemented at the agency.

The agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The manager is supported by a deputy manager, senior care workers and a team of care workers.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are accessible to all staff in a paper format retained in the office and used by staff daily.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. During the previous inspection on 15 January 2018, the annual quality review process had been identified as an area for improvement. The inspector reviewed records that evidenced their annual quality review process had been expanded to include staff and service commissioners' views.

The inspector noted the positive feedback received by the agency following their annual quality review in June 2018. The inspector noted that the information collated during the annual survey was shared with service users and staff during July 2018.

Monthly quality monitoring reports were viewed for May to July 2018. These reports evidenced that the monitoring of the quality of service provided was in accordance with minimum standards.

Each report contained a summary of consultation with service users, their relatives, staff and other professionals and evidenced how any issues arising had been managed. The reports also included details of a review of accidents, incidents, staffing arrangements, training undertaken and audits of documentation.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted that a range of complaints had been received since the last inspection. Records sampled evidenced that each complaint had been appropriately managed and, where possible, resolved. The records viewed and discussion with the manager confirmed that where poor staff practice had been identified, appropriate measures had been taken with the relevant staff.

All of the service users and relatives spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One service user had raised a concern regarding the introduction of new care workers and was satisfied this matter had been resolved. No other concerns regarding the management of the agency were raised during the interviews.

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

- "Great service that is very well run."
- "Never needed to complain and am not likely to ever have to do so."
- "The girls are all great and the office can be contacted at any time."

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 manager was able to discuss the ways in which staff development and training enabled staff to engage with a diverse range of service users. Some of the areas of equality awareness identified during the inspection included: effective communication, service user involvement, advocacy, equal care and support and individual person centred care.

The agency collects equality data of service users such as; age, gender, disability, marital status via their trust referral information process.

The agency has regular team meetings in which opportunities were given to share learning. The minutes of these meetings were detailed and informative reflecting effective communication within the team.

Staff members commented during the inspection:

- “The staff meetings and supervisions are helpful for me to keep up to date with things. The office staff are all approachable and the on call system is great, as it means we can get advice or guidance at any time if needed.”
- “I enjoy the variety of meeting new people and getting to learn about their life history. I like helping them be confident in their own homes.”
- “It is very sad when a service user dies, or their health deteriorates. But we can help them and their family plan for changes to meet their increased dependency.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality monitoring and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 registered provider Joseph Nelson, the 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 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 Regulations (Northern Ireland) 2007   |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 11(2) (b)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>30 October 2018 | 11.--(2) If the registered provider is-(b) an organisation, it shall ensure that the responsible individual undertakes; from time to time such training as is appropriate to ensure that he has the experience and skills necessary for carrying on the agency.<br><br>Ref: 6.4 |
|   | <b>Response by registered person detailing the actions taken:</b><br>Training has been arranged for 12 <sup>th</sup> November 2018 with Volunteer NI at St Luke's Hospital, Armagh.   |

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



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