

Unannounced Care Inspection Report 4 June 2019



Provincial Care Services Agency Limited

Type of service: Domiciliary Care Agency
Address: 70 Ballynahinch Road, Carryduff BT8 8DP
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Inspectors: Aveen Donnelly

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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

Provincial Care Services Agency Ltd is a domiciliary care agency based in Carryduff which provides a range of personal care, social support and sitting services to 409 people living in their own homes. Service users have a range of needs including physical disability, learning disability and mental health care needs. Their services are commissioned by the Belfast Health and Social Care Trust, Southern Health and Social Care Trust and South Eastern Health and Social Care Trusts.

3.0 Service details

Organisation/Registered Provider: Provincial Care Services Agency Limited	Registered Manager: Angela Eileen McKeever
Responsible Individual: Ann Monica Byrne	
Person in charge at the time of inspection: Angela Eileen McKeever	Date manager registered: 22 October 2009

4.0 Inspection summary

An unannounced inspection took place on 4 June 2019 from 09.00 to 15.50.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the agency's induction which included the value they place on individuality, rights, independence, dignity, choice, privacy, respect and partnership. Staff spoken with were able to give examples of how they upheld these values.

No areas for improvement were identified.

Service users and their representatives indicated that they were happy with the care and support provided.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Angela McKeever, registered manager and Monica Byrne, responsible individual, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 4 March 2019

No further actions were required to be taken following the most recent inspection on 4 March 2019.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents relating to the service were reviewed during the inspection and are referred to 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 invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responded within the timeframe for inclusion within this report.

Questionnaires were also provided for distribution to the service users and their representatives; two were returned and comments are included within the report.

The inspector spoke with one service user, three staff members and four relatives. Comments received are included within the body of the report.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 March 2019

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

6.2 Inspection findings

6.3 Is care safe?

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

Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices. A review of two recruitment records evidenced compliance with regulation in respect of all pre-employment checks. Advice was given in relation to the legibility of referees' signatures and the need for their designation to be clearly recorded on the reference request form.

Those consulted with indicated that the staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met. It was good to note that the area managers were normally available to cover staff' short notice sick calls.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The review of the induction workbook verified that staff were provided with an induction period which exceeded the timescales outlined within the Regulations.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. It was good to note that additional training had been provided to staff in areas such as communication, bereavement, mental health awareness, data protection and confidentiality. Plans were in place to provide all staff with dementia awareness and the agency had recently implemented a Mindfulness programme, which aimed to help staff to manage their own health and wellbeing.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager holds this responsibility within the agency. Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been referred appropriately. Advice was given to the manager in relation to following up with the trust in relation to an ongoing investigation, to ensure that this had been concluded. The manager confirmed to RQIA by email on 20 June 2019 that this had been addressed.

Discussion with the manager identified that any incidence of staff misconduct had been managed appropriately.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes. It was good to note that where incident reports identified a need for staff re-training, this was provided.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. It was good to note that guidance on how to support vulnerable people during a heatwave was included in the induction workbook.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The manager advised that the agency had been submitting monthly reports to the Belfast Health and Social Care Trust in response to a trust audit which had identified evidence of missed calls/non-recorded calls within a specified area in February 2019. Concerns had also been raised by the trust in relation to the standard of record keeping. It was good to note that the agency had responded to the concerns raised by implementing enhanced monitoring of the specific area identified. Daily records from service users' homes were returned to the registered office more regularly to facilitate more frequent auditing. The review of the daily records did not evidence any incidence of missed calls/non-recording. Advice was given to the manager in relation to formalising the auditing process. The manager welcomed this advice and agreed to develop a proforma to record the actions taken when deficits were identified.

Although there was evidence that staff had made improvements in relation to the standard of record keeping. This was specifically in relation to the use of coloured pen and in relation to staff recording their full signatures. The manager provided assurances in relation to this practice and agreed to address the matter with staff.

The review of the care records evidenced referral information, risk assessments and care plans. Service User Agreements were signed within the timescale outlined within the Minimum Standards.

The manager advised that when invited, they contribute to the service users' care reviews.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders.

Staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had quality monitoring systems in place; this included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the care records and the agency's engagement with the service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 organisation's principles of care were included in the staff induction workbook. This clearly identified to staff, the organisations' expectation in relation to equal opportunities, cultural diversity, confidentiality, person-centred approaches, assessing risk and communicating effectively. The review of the induction programme further identified that the agency's values were included; this included the importance on individuality, rights, independence, dignity, choice, privacy, respect and partnership. It was good to note that staff were provided with definitions of each of the core values together with examples of how care staff could recognise each of the values. This is good practice.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner.

Reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders.

Staff spoken with were aware of issues relating to consent. They described how they respected the service users’ right to refuse care and that how they would offer the service users a different call time, if they felt that the timing of the call was a factor in declining care. Staff were also aware of the need for the service users to have as much privacy as possible and gave examples of how they encouraged service users to be involved in attending to their own hygiene needs, in as much as they could.

The inspector spoke with three staff, one service user and four relatives. Some comments received are detailed below:

Staff

- “I love it here.”
- “I have no problems, I treat (the service users) the way I would like to be treated when I get to their age.”
- “Everything is grand, I wouldn’t stay here if it wasn’t.”

Service users’ representatives

- “I am 100 percent happy, the girls are fantastic.”
- “I am very happy, the girls are very friendly and I have no issues.”
- “They are all very nice, they are very good and very pleasant.”
- “I have no concerns.”

Service users

- “They are first class, I never had girls like them before. Short of going down on their knees, they couldn’t be more respectful to me.”

Two questionnaires were returned, which indicated that the respondents were very satisfied that the care was safe, effective and compassionate; and that the service was well-led. Written comments included ‘everything is great, no problems’.

Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is 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 is managed on a day to day basis by the manager, with the support of four area managers, two monitoring officers, two team leaders and a team of care staff. It was identified that the agency has effective systems of management and governance in place. On call arrangements were in place and all staff spoken with raised no concerns in relation to the responsiveness of the management team.

The manager advised that no complaints had been received from the date of the last inspection. Advice was given in relation to including the contact details of the Patient Client Council in the service user guide. The manager welcomed this and agreed to amend the service user guide.

A review of the records confirmed that all staff were registered with the Northern Ireland Social Care Council (NISCC). Advice was given in relation to the timeliness of applications, to ensure that staff were registered in keeping with NISCC processes. The staff induction workbook provided new staff with information on the Northern Ireland Social Care Council (NISCC) Induction Standards. Information was also given to the manager in relation to the new Learning Zone, created by NISCC, which aims to provide registrants with a range of learning tools and information guides. The manager welcomed this information and agreed to share this with the staff.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Advice was given in relation to the traceability of the records referred to within the monitoring reports. The responsible individual agreed to address this.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. However, advice was given in relation to formalising the auditing processes.

The inspector was advised that there had been a poor response to the annual quality survey. Plans were in place to reissue the questionnaires to service users, for the purposes of the annual quality report. This will be reviewed at future inspection.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and in electronic and hard copy format and were accessible to staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place, which ensured compliance with Regulations and Minimum Standards.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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