

Unannounced Care Inspection Report 4 March 2019



Provincial Care Services Agency Limited

Type of service: Domiciliary Care Agency
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Inspectors: Caroline Rix
User Consultation Officer: Clair McConnell

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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

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 497 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 March 2019 from 09.30 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 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 identified in relation to staff training, supervision and appraisal, adult safeguarding, risk management, care reviews, and communication between service users, staff and other key stakeholders. Further areas of good practice were also identified in regards to the provision of compassionate care and the involvement of service users, governance arrangements, management of concerns and incidents, quality improvement and maintaining good working relationships.

The manager and responsible person discussed with the inspector their participation in a Westminster Parliamentary Review of Social Care in the United Kingdom. The agency contributed their views on a variety of topics relating to this important work of community care in Northern Ireland and is to be commended.

No areas requiring improvement were identified during this 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
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, the registered manager and Monica Byrne, the responsible person, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 4 December 2017

No further actions were required to be taken following the most recent inspection on 4 December 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
- record of notifiable events for 2018/19
- all communications with the agency by RQIA
- user consultation report

During the inspection the inspector met with the manager, an area manager, monitoring officer and three healthcare workers to discuss their views regarding care and service provided by the agency, staff training and staff's general knowledge in respect of the agency. The staff provided a comprehensive overview of the service and their feedback is contained within the body of this report.

As part of the inspection the User Consultation Officer (UCO) spoke with five relatives, by telephone, on 1 March 2019 to obtain their views of the service. The service users receive assistance from the agency with the following:

- personal care
- meals
- sitting service

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the agency to allow 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. In addition information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

The manager was 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. Six staff responses were received by RQIA and these survey results indicated that they were 'very satisfied' when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

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.
- One staff induction record.
- Three staff supervision records
- Two staff appraisal records.
- Three staff training records.
- Staff training plan.
- Staff meeting minutes.
- Staff Northern Ireland Social Care Council (NISCC) registration information and renewal process.
- Statement of Purpose.
- Service User Guide.
- Four service users' records regarding care and support plans, reviews and quality monitoring.
- Two of the agency's monthly monitoring reports.
- Annual quality review report for 2017.
- Records of communication with other professionals.
- Incident records.
- Complaints log and records.
- Compliments log and records.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 December 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 December 2017

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

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 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.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Records viewed by the inspector were found to be satisfactory, with all required pre-employment information obtained, reviewed and verified in line with regulations and standards.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff currently employed by the agency are registered or have applied to be registered with 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 includes 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 to be provided during the induction period and learning outcomes to be achieved by staff, that includes a system for shadowing other staff employed by the agency.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staff complete a range of training necessary to meet the individual needs of service users and to develop their knowledge and skills for example: dementia awareness. The agency has a training officer to assist in ensuring that learning objectives have been met, and to identify future learning needs.

The agency's 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. Staff described the value of the various supervision meetings with their area manager. Staff confirmed senior staff are approachable and available at any time for support and guidance.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' policy and procedure provided clear information and guidance as required; in line with (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'.

The details of the agency’s Adult Safeguarding Champion (ASC) with key responsibilities are detailed in their procedure. The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency’s procedures. One referral has been made since the last inspection and records confirmed it has appropriately managed; the investigation has not yet concluded.

The agency’s whistleblowing policy and procedure was found to be satisfactory, and had been reviewed. Staff demonstrated a clear understanding of the whistleblowing procedure.

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that risk assessments had been completed in conjunction with service users/ representatives.

The UCO was advised by all of the relatives spoken with that there were no concerns regarding the safety of care being provided by Provincial Care Agency. Care is usually provided by a small team of consistent carers; this was felt to be important as it allows the service users, relatives and carers to develop a good relationship.

No issues regarding the carers’ training were raised with the UCO by the relatives; examples given included use of equipment and working with someone with dementia. Examples of some of the comments made by relatives are listed below:

- “So far, so good.”
- “Couldn’t be better.”
- “Very pleased with them.”

Staff commented during inspection:

- “Training is very good. I get to learn about different health conditions, to make sure we meet the full needs of our service users. I know it is important to keep up to date to be sure our service users get the best possible care.”
- “Training has helped me do my job better.”

Areas of good practice

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

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 effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection.

The inspector examined four service users' care records. It was noted that the care plans and risk assessments had been confirmed during their initial service visits and contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated. The care plans reviewed by the inspector were up to date, and clearly detailed the service users' needs and how the service user wished for these to be met. Service User Agreements were consistently provided to service users within the required timescale.

The UCO was informed by the relatives spoken with that there were no concerns regarding the carers' timekeeping, missed calls or that care has been rushed. Care is usually provided by a small team of carers who have been made aware of the service user's care needs.

No issues regarding communication between the service users, relatives and staff from Provincial Care Agency were raised with the UCO. The relatives advised that home visits and phone calls have taken place to obtain views on the service. All of the relatives confirmed that they knew who to contact if they had any concerns. Some of the relatives were also able to confirm that they had received a questionnaire from the agency and that observation of staff practice had taken place.

Examples of some of the comments made by relatives are listed below:

- "They take the pressure off me."
- "It's reassuring that someone calls regularly with XXX and contacts me if anything is wrong."
- "The consistency is good. We've developed a rapport with them."

There were quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users.

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.

The inspector confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed, no staff practice issues were identified for improvement; records detailed observation of manual handling practices along with a variety of other tasks. It was good to note positive comments from service users had been recorded on these monitoring records for example; 'I am well looked after' and 'I am happy with everything.'

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. The manager advised that care reviews with the HSC Trust representatives were held annually or as required; with the agency's monitoring officers usually invited to attend or to provide a verbal or written summary on the current needs of the service user.

Staff commented during inspection:

- “I have built up trust over a long time with service users and families. I feel it is important that they are comfortable and well cared for in their own home.”
- “It is good that service users are open and honest with me when I do home monitoring visits, they share their views about the service received.”
- “Some service users have no families and we get to build a special bond with them. I find it very rewarding getting to know the person’s wee ways and routines, however, it is also sad when they die, we miss them.”

Areas of good practice

There were examples of good practice found in relation to the review of care needs 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

6.6 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 agency carries out service user quality monitoring contacts on an ongoing basis to specifically ascertain and include the views of the service users and their representatives. Records reviewed during inspection support ongoing review of service users’ needs.

All of the relatives spoken with by the UCO felt that care was compassionate. The relatives advised that carers treat the service users 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 to ensure satisfaction with the care that has been provided by Provincial Care Agency. Examples of some of the comments made by relatives are listed below:

- “XXX loves them.”
- “Very kind and caring.”
- “Very happy.”

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect.

Staff members commented during the inspection:

- “I love my job. It is rewarding to know we are helping people to stay in their own homes.”
- “I think it is very important that the service users can trust me and I treat them like my own mother. I want to see that they are comfortable and safe, and then I am happy.”
- “I enjoy my work with a very good team. Every day is different and I am always learning something new. It is good to know we are helping service users in the community.”
- “I love my job and am ‘as happy as Larry’ getting up learn how each service user likes things done, there is no quick way to learn their individual likes, just regular calls and a good memory helps me.”

The inspector reviewed the records of monitoring visits within the files sampled which confirmed these had been completed in line with the timescales as detailed in the procedure. A planning tool was viewed which detailed when each service user was due their next home monitoring visit and the date it had been completed.

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

- ‘Please thank, most sincerely, the members of staff who attended to help me on discharge from hospital. They were most courteous and carried out their duties to a very high standard.’(Letter of thanks from a service user).
- ‘I completed a care review with xxx (service user) and family today and everyone was complimentary about the service provided.’ (Email from HSC trust care manager following a service user’s review meeting).
- ‘Please pass on our sincere thanks and appreciation for what your staff did for our relative. Over the years xxx got very friendly with the carers and thought the world of them. They were often very humorous with respect always guaranteed. Their dedication and commitment to their difficult and demanding role could never be questioned. We are most grateful.’(Letter from a late service user’s 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. 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
Total number of areas for improvement	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 established by the organisation have been 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.

Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities. The staff members consulted with indicated that the manager, area managers and senior staff were supportive and approachable.

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 maintained on an electronic system accessible to all staff, and relevant paper policies are provided within the staff handbook and retained in the office available to staff daily.

The agency has team meetings in which opportunities were given to staff to share information and learning. The minutes of recent meetings viewed detailed effective communications within the team. The agency publishes a staff newsletter monthly, which the inspector reviewed for January and February 2019. These newsletters contained a variety of information and updates for staff including; reminders of training opportunities, staff recruitment, new uniforms, congratulations for staff achievements and each issue contains a themed focus such as; dementia- communication tips and mental health tips for staff wellbeing. This initiative is to be commended.

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.

The inspector reviewed the feedback received by the agency as part of their annual quality review for 2017 and found very positive responses, with a small number of areas for improvement suggested and actioned. The inspector noted that the information collated during the annual survey report was shared with service users, staff and HSC trusts in March 2018. The manager indicated that the annual satisfaction survey and review for 2018 was being currently being carried out.

Monthly monitoring reports were viewed for audits completed from December 2018 to January 2019. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by the responsible person.

Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints. The inspector noted a range of complaints had been received since the last inspection. Records reviewed confirmed that each was appropriately managed in accordance with the agency’s policy, and each matter had been resolved.

All of the relatives spoken with by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised.

Staff members commented during the inspection:

- “I love the variety of my job; every day is busy and different.”
- “My area manager is great, I know I can ask her for guidance or support and will get a quick to reply if I have a concern or issue. We have a great team.”
- “I feel the office is very good, they will inform service users/family if we are running late as some service users are very anxious if we don’t arrive exactly on 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 enables staff to engage with a diverse range of service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with key stakeholders.

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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