

Unannounced Care Inspection Report 04 December 2017



Provincial Care Services Agency Limited

Type of service: Domiciliary Care Agency
Address: 70 Ballynahinch Road, Carryduff BT8 8DP
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User Consultation Officer: Clair McConnell

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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 454 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

Registered organisation/registered person: Provincial Care Services Agency Limited/Ann Monica Byrne	Registered manager: Angela Eileen McKeever
Person in charge of the service at the time of inspection: Angela Eileen McKeever	Date manager registered: 22 October 2009

4.0 Inspection summary

An unannounced inspection took place on 04 December 2017 from 09.30 to 14.30 hours

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

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, families and staff during the course of the inspection was positive.

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

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

4.1 Inspection outcome

	Regulations	Standards
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 registered 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 10 November 2016

No further actions were required to be taken following the most recent inspection on 10 November 2016.

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 2016/2017

During the inspection the inspector spoke with registered manager, registered person and four care staff.

Prior to the inspection the User Consultation Officer (UCO) spoke with five service users and seven relatives, either in their own home or by telephone, on 28 and 29 November 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Personal care
- Meals
- Sitting service

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

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

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting.
- Two new staff member's recruitment and induction records.
- Two long term staff members' supervision and appraisal records.
- Staff training records.
- Staff NISCC registration and renewal of registration processes.
- Statement of purpose.
- Service user guide.
- Four service users' records regarding referrals and care planning.
- Four service users' records regarding ongoing review, and quality monitoring.
- Daily logs returned from service users' homes.

- Monthly monitoring reports.
- Annual quality review process.
- Communication records with HSCT professionals.
- A range of compliments records.
- Complaints records.
- A range of incident records.

No areas for improvement were identified at the last care inspection.

The findings of the inspection were provided to Angela McKeever, registered manager and Monica Byrne registered person at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 November 2016

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 10 November 2016

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.

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 Provincial Care Agency. 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 and use of equipment. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "XXX is trying to be independent but the carers assist as necessary."

- “Couldn’t say a bad word.”
- “The girls are very good.”

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

Two files were reviewed relating to recently appointed staff, which confirmed all the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. An induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. These staff files supported an induction process lasting more than three days as required. Staff spoken with during inspection confirmed they had received a comprehensive induction programme.

The inspector noted that arrangements are in place to ensure that staffs are registered as appropriate with the relevant regulatory body. The majority of staff is registered with The Northern Ireland Social Care Council (NISCC). Documentation in place indicated that the remaining staff have submitted their application and are awaiting their registration certificates. The registered manager discussed the system introduced to identify when staff are due to renew registration.

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The ‘Adult Safeguarding’ policy and procedure provided information and guidance as required; 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 registered manager is named as the agency’s Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The inspector was advised that the agency has had a number of safeguarding matters reported since the previous inspection; discussion with the registered manager supported appropriate knowledge in addressing matters when they arise and all had been appropriately notified to RQIA. 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.

The agency’s whistleblowing policy and procedure was found to be satisfactory. The staff interviewed 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.

Staff training records viewed for 2016/2017 confirmed all care workers had completed the required mandatory update training programme. Records reviewed and staff feedback indicated that staff had attended a range of training necessary to meet the needs of their service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including; dementia awareness. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and quality monitoring within service users own homes.

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

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction and training. Adult safeguarding had been appropriately managed and ongoing review of service user’s care and support was evident.

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

One issue regarding the service users or relatives not being consistently informed of delays was raised with the UCO. There were mixed results regarding service users and relatives being asked for feedback by the agency. Examples of some of the comments made by service users or their relatives are listed below:

- “Very professional. No issues with confidentiality.”
- “Sometimes the office doesn’t pass on the message that our carer will be late.”
- “Extremely grateful for the help.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to five service users and it was noted that one care plan required to be updated. The registered manager confirmed that this care plan had been updated prior to inspection.

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

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met along with regular contacts by phone or during monitoring visits. The registered manager indicated that they are not always invited to attend or contribute in writing to the trust arranged care review meetings with service users/relatives.

Some variation has been found between each of the three commissioning HSC trust’s arrangement of care review meetings. The records evidenced that an amendment form from the trust detailing any agreed change to the original care plan had been provided. Ongoing communications with trust professionals forms an integral part of this ongoing review process and this was evident during inspection.

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

The agency’s policies and procedures on ‘record keeping’ and ‘confidentiality’ were viewed and found to contain clear guidance for staff. The inspector reviewed a sample of completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by senior staff, with no practice issues identified. The registered manager indicated that they plan to revise their daily log recording documentation from January 2018, and staffs have been provided with this information.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users’ needs were identified. Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user’s home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
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.

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.

There were mixed results regarding the agency seeking the views of service users and relatives about the service. Examples of some of the comments made by service users or their relatives are listed below:

- “Would do anything for us.”

- “I was anxious at the start but they put me at ease.”
- “So nice and kind.”
- “We have good craic with the girls.”

The agency implements service user quality monitoring practices on an ongoing basis through home visits, telephone contact and through their annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members.

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

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

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

- “The staffs of Provincial Care are a credit to the company. Thank you.” (Thank you card from relative of a service user).
- “Thanks to all the girls who looked after my mother with such kindness, dignity and great care.” (Thank you card from family of a service user).
- “Compliments for the attentiveness and professionalism of the staff.” (Feedback from HSC trust care manager).

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.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No complaints were raised regarding the service or management with the UCO.

The RQIA registration certificate was up to date and displayed appropriately. The organisational and management structure of the agency are outlined in the Statement of Purpose; it details lines of accountability. Discussion with the registered manager, and care workers interviewed, indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format and available in hard copy manuals. Staff described how they access the agency's policies and procedures. A range of the agency's policies viewed by the inspectors were noted to have been reviewed and updated in line with the domiciliary care agency minimum standards.

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

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for the period 01 April 2016 to inspection date 04 December 2017 with a range of complaints recorded. The inspector reviewed a sample of complaints records which supported appropriate management, review and resolution of each complaint. Monthly monitoring reports were viewed for August to November 2017. These reports evidenced that the registered person had been monitoring the quality of service provided in accordance with minimum standards. Each report contained a summary of service user and staff monitoring feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed.

The annual quality review report for 2016 viewed had been completed with a summary of feedback completed. Review of the 2016 annual report confirmed satisfaction with the service being provided. Records were available to confirm that a summary of this report had been shared with service users in March 2017. The annual review report contents were discussed with the registered person and registered manager during inspection. Their annual review report was found to contain brief information, although more comprehensive feedback had been obtained from stakeholders. The registered person and registered manager agreed to review their annual review report contents going forward, to include more specific detailed information.

The care staff spoken with during inspection indicated that they felt supported by their manager and senior team. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

Areas of good practice

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