

Unannounced Care Inspection Report 10 November 2016



Provincial Care Services Agency Limited

Type of service: Domiciliary Care Agency
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Inspector: Caroline Rix

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Provincial Care Services Agency Limited took place on 10 November 2016 from 09.30 to 17.00 hours.

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

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

Is care effective?

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

Is care compassionate?

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

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

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

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 0 |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Angela McKeever, registered manager and Monica Byrne, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 9 February 2016.

2.0 Service details

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|---|--|
| 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 |

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Review of User Consultation Officer (UCO) report

Prior to the inspection the UCO spoke with six service users and nine relatives, either in their own home or by telephone, on 5 and 6 October 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals

- Sitting service

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

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

- Discussion with the registered manager, responsible person and training officer
- Consultation with four care workers
- Examination of records
- File audits
- Evaluation and feedback

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

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

The following records were examined during the inspection:

- Two service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Two service user daily recording logs
- Two service user records in respect of the agency quality monitoring contacts
- Four staff recruitment records
- Four staff induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff Handbook
- Minutes of staff meetings held in November 2016
- Staff memos issued during 2016
- Service user compliments
- Complaints log and records
- Monthly monitoring reports for August to October 2016
- Annual quality report 2015/2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, appraisal, induction, training and development, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 9 February 2016

| Last care inspection statutory requirements | | Validation of compliance |
|--|---|--------------------------|
| Requirement 1 Ref: Regulation 22 Stated: Third time | The registered person is required to ensure all complaints are managed appropriately and records maintained to support the process. (Minimum standard 15.10) | Met |
| | Action taken as confirmed during the inspection: The inspector reviewed evidence that complaints had been appropriately managed, with records in place to confirm their procedure had been followed and audited. | |
| Requirement 2 Ref: Regulation 13 and Schedule 3 Stated: Second time | The registered person is required to ensure all staff recruitment is compliant with Regulation 13, Schedule 3. | Met |
| | Action taken as confirmed during the inspection: The inspector reviewed a sample of staff recruitment records which evidenced that full and satisfactory pre-employments records and information had been obtained in line with Regulation 13 Schedule 3. The inspector confirmed the implementation of their revised pre-employment verification checklist within the files sampled. | |
| Requirement 3 Ref: Regulation 16 (2)(a) Stated: First time | The registered person shall ensure that each employee of the agency receives appraisal. | Met |
| | Action taken as confirmed during the inspection: Records evidenced that the agency has in place a schedule to ensure all staff receive an annual appraisal. Records viewed confirmed that all staff had received an appraisal during 2016. | |

| Last care inspection recommendations | | Validation of compliance |
|---|---|--------------------------|
| <p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> | <p>The record maintained in a service user's home should detail the date and arrival and departure times of every visit by agency staff.</p> <p>Action taken as confirmed during the inspection: Records evidenced that the agency has a recording and reporting procedure, reviewed in February 2016. The inspector evidenced that the agency provided staff training, guidance and monitoring on this area as an on-going process to ensure recording practise is maintained in line with their procedure.</p> | <p>Met</p> |

4.2 Is care safe?

The agency currently provides services to 562 service users living in their own homes within the South Eastern Trust, Belfast Trust and the Southern Trust areas.

A range of policies and procedures was reviewed relating to staff selection, recruitment and induction training and found to be in compliance with relevant regulations and standards.

Four staff files were viewed by the inspector. Two files were sampled relating to recently appointed care staff which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained.

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. There were mixed results regarding new carers having been introduced to the service user by a regular member of staff and new carers being aware of the required care; this was felt to be important.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't say anything bad against them."
- "Gives me peace of mind that someone calls regularly with XXX."
- "My XXX has got to know them."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their 'Protection of Vulnerable Adults and Safeguarding Children' policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding

Prevention and Protection in Partnership'. This was discussed with the registered manager who provided assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document. The training officer and registered manager confirmed that the revised DHSSPSNI guidance would be included within the update training on Protection of Vulnerable Adults scheduled for all care workers.

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

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.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme. Competency assessments in the area of safeguarding vulnerable groups and manual handling were reviewed and found to be appropriately detailed. The inspector reviewed competency assessments for four staff members during inspection which were signed off by the trainer and manager. Review of staff training for all staff on the agency's training plan for 2016 included each of the required mandatory training subject areas along with other training relevant to service users' care needs e.g. stoma care and dementia awareness.

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

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

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

Areas for improvement

No areas for improvement were identified during the inspection.

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

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency.

There were mixed results regarding new carers having been introduced to the service user by a regular member of staff or supervisor and new carers being aware of the required care. There was also mixed results regarding communication between the service users, relatives and staff from Provincial Care Agency. The inspector discussed these findings with the registered manager who confirmed that new carers were introduced to the service user by a regular staff member familiar with the care needs of that service user. The registered manager provided examples of on-going communication between service users, relatives, the agency area managers and trust care managers/community social workers, which confirmed that regular contacts have been maintained.

The service users and relatives advised that home visits have taken place and that they had been involved in trust reviews regarding the care package. However, there were mixed results regarding them having received questionnaires from Provincial Care Agency to obtain their views on the service.

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

- “Very appreciative of them.”
- “Absolutely no concerns.”
- “Very impressed.”

As part of the home visits, the UCO reviewed the agency’s documentation in relation to four service users. It was noted that two care plans required to be updated and one file did not contain a care plan. On the day of inspection, the registered manager evidenced that care plans had been updated or replaced immediately where identified. The registered manager explained that in some instances ambulance personnel have been removing the service users’ care plans from the agency home file records when transferring to hospital. The registered manager agreed to review their home file records where a service user’s care resumes following hospital attendance.

The review of home records identified issues regarding the recording of times and variation in call times by care workers. Discussion with the registered manager during inspection confirmed all matters had been reviewed following UCO feedback and were being followed up as necessary.

The agency’s policy and procedure on ‘Recording and Reporting Care Practices’ was viewed and found to contain clear guidance for staff. The inspector reviewed three 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 issue identified.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users’ needs are identified. Staff interviewed and questionnaires returned confirmed ongoing quality monitoring is completed by the agency to ensure effective service delivery.

The registered manager confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with three care staff during the inspection supported review of this topic as necessary. Staff meeting minutes reviewed during inspection and memos issued to staff during 2016 also supported this topic area being discussed.

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

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care needs. Questionnaires are issued to service users on an annual basis to obtain feedback regarding service delivery. Evidence of these processes were reviewed during inspection in terms of service user quality monitoring and the annual survey. Service user files reviewed during inspection contained evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to trust professionals and evidence of this process was reviewed during inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The majority of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by Provincial Care Agency. Examples of some of the comments made by service users or their relatives are listed below:

- “Very nice girls.”
- “They chat away to XXX.”
- “Couldn’t do without them.”

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

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

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

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

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

- 'Thank you to care worker xxxx for the compassion, empathy and kindness shown, while caring for mum. She always went the extra mile and kept mum's wellbeing at the centre of everything.' (Thank you card from a service user's relative).
- 'A big thank you to the band of carers who looked after my relative. They were very good and cheery and did their job well.' (Thank you card from a service user's relative).
- 'Compliments to staff that were described as just lovely and kind to relative. Service felt to be a lifeline to the family who are delighted with the service.' (Email from trust assistant care manager).
- 'Thank you for the hard work, excellent care and commitment provided to service user.' (Email from trust social work manager).

The care workers interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service users' needs.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

The registered manager, Angela McKeever, is supported by four area managers, a training officer and administrative staff in the management of this domiciliary care agency. Under the direction of the management team, care workers provide domiciliary care and support to 562 people living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the registered manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures in a range of formats. The arrangements for policies and procedures to be reviewed, at least every three years, were found to have been implemented with all of the policies sampled reviewed during previous two years.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

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

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

The complaints log was viewed for the period 1 April 2015 to inspection date 10 November 2016 with a range of complaints recorded. The inspectors reviewed a sample of four complaints records which supported appropriate management, review and resolution of each complaint.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

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

Monthly monitoring reports were viewed for August to October 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided and completed a summary of staff and service user monitoring, compliments and complaints; and evidenced how any issues arising had been managed.

The agency had completed their annual quality review for 2015 and the inspector viewed the annual quality report dated March 2016 which contained feedback from service users, relatives, staff and commissioners of their services. This report was confirmed as appropriately detailed. The inspector and the registered manager discussed the agency process of sharing a summary of their annual quality report findings with service users and others. The registered manager confirmed that a summary report would be provided to all service users.

Areas for improvement

No areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|---|----------------------------------|---|
| Number of requirements | 0 | Number of recommendations | 0 |
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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



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