

Unannounced Care Inspection Report 5 November 2020



Provincial Care Services Agency Limited

Type of Service: Domiciliary Care Agency
Address: 70 Ballynahinch Road, Carryduff, BT8 8DP
Tel No: 028 9081 2288
Inspector: Corrie Visser

www.rqia.org.uk

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 provider 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 286 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 (BHSCT), Southern Health and Social Care Trust (SHSCT) and South Eastern Health and Social Care Trusts (SEHSCT).

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 5 November 2020 from 10.15 to 16.00 hours.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. This inspection was carried out using an on-site inspection approach in line with social distancing guidance.

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, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The inspection assessed progress with any areas for improvement identified 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.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 maintained by the agency in relation to the safeguarding of adults.

On the day of the inspection it was noted that three incidents had taken place since the previous inspection on 04 June 2019. We examined the records and found that the agency had dealt with the incidents in accordance with its own procedure and policy.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received four complaints since the last inspection. The complaints reviewed were dealt with satisfactorily that show positive outcomes for the complainants.

It was positive to note that the agency has received a number of compliments since the last inspection; comments included:

- "Very happy with the girls, they are lovely."
- "Carers have a great manner. I'm very happy and cannot complain at all. The girls are jewels. I am well looked after."

Two areas for improvement were identified during this inspection in relation to record keeping and the monitoring and recording of missed calls.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), staff recruitment and induction, staff training, the monthly quality monitoring reports and the monitoring/spot checks of staff.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

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	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Angela McKeever, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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

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

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

Following our inspection we focused on contacting the service users, their relatives, staff and professionals to obtain their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

Following the inspection we communicated with two service users, two staff members and two service users' relatives.

There were no areas for improvement identified at the last inspection.

We would like to thank the manager, service users, service user's relatives and staff and professionals for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

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

6.1 Inspection findings

Recruitment:

We reviewed four staff recruitment files and it was evident that all pre-employment checks had been undertaken before the staff members' commenced employment, including Access NI. It was positive to note that the staff members had undertaken an induction over a three day period which included the NISCC Standards of Conduct and Practice as well as training relating to the Covid-19 pandemic such as donning (putting on) and doffing (taking off) PPE and hand hygiene.

The NISCC matrix reviewed confirmed all staff were registered with NISCC. The manager advised that they audit the matrix on a regular basis to ensure all staff are registered. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Staff also confirmed their knowledge of this when providing feedback.

Care Plans and Daily Logs:

We reviewed four service users' files and noted that two care plans had not been updated by the relevant Trust, however amendments to the care plans were added to the package of care being provided. It was also noted that care plans that were available for review were either undated or unsigned by the person/s undertaking the reviews. The manager advised they will email the Contracts Departments within the three Trust areas to request care plan reviews for all service users and retain a copy of this correspondence in the files. It was also discussed that there needs to be an assessment of any restrictive practices for service users. Again the manager agreed to follow this up. It was positive to note that the four files reviewed, all had a Service User Agreement which was signed by the service user or their next of kin. All relevant risk assessments including Speech and Language Therapy and moving and handling were retrained in the service users' files.

We reviewed the daily logs for four service users and noted that there were deficits in all four logs which were not identified during the audit. These deficits included missed calls for 10 missed calls throughout the four files reviewed. We discussed this with the team leader for the specific area and seven of these calls could be explained as they were recorded as cancelled calls. We discussed this and advised that these should be recorded on the audit sheet which the team leader agreed to action. An area for improvement has been made in this regard.

It was also noted that one service user's daily logs were not in date order which was not identified during the audit. This is not in compliance with the Domiciliary Care Minimum Standards 2011. An area for improvement was made in this regard.

Comments from service users included:

- "I am quite happy with them."
- "Times do very but no fault of the carers."
- "Very good service."
- "XXXX (named care worker) is exceptional."
- "I am happy."
- "They never rush me."
- "Everything is fine."

Comments from service users' relatives included:

- "Generally things are ok."
- "XXXX (named care worker) is excellent."
- "I'm happy enough."
- "The girls are more than good."
- "They look after my relative well."
- "They wash their hands and put on their gear."
- "They chat away to my relative."
- "I am very appreciative of the carers."

Comments from care workers included:

- "I am really happy working here."
- "Good support."
- "No issues whatsoever."
- "There is a good supply of PPE."
- "I feel I have sufficient times for calls."
- "It's very positive that no service users have got Covid-19."

Four service user/relative questionnaires were returned prior to the issuing of this report. All the respondents were very satisfied that the care being delivered is safe, effective, compassionate and well led. Comments included:

- "Very happy with care/support provided by Provincial and Home Care."

One respondent raised an issue which has been discussed with the manager who agreed to follow this up with the care workers to ensure their vigilance.

Four responses were returned from the survey monkey. Three respondents stated they were very satisfied that the care being delivered is safe, compassionate, effective and well led. One respondent stated they were very unsatisfied with all aspects of the care however the comment included did not support their views as it was positive. This matter was relayed to the manager, for review and action, as appropriate.

Comments included:

- “Worked there a long time and they are all good and look after us as well as clients very happy.”
- “Very well led.”
- “I am working for Provincial for two years ‘cause I wanted to care for people after my father had care workers and I love my job clients and have been supported to do my dream.”

Covid-19

We spoke to the manager and to two staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- Dissemination of information to staff.
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19.
- PPE storage and disposal.
- Staff training and guidance on IPC and the use of PPE equipment in line with guidance.

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

Based on feedback it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. During discussions with staff it was evident that they are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with NISCC, staff recruitment and induction and the monitoring/spot checks of staff.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

Areas for improvement

Two areas for improvement were identified from this inspection in relation to the monitoring and recording of missed calls and record keeping.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Angela McKeever, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user’s representative, prepare or ensure that a written plan (“the service user plan”) is prepared which shall be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users.</p> <p>This relates to the monitoring and auditing of missed calls.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: The RI has advised managers to ensure they keep a clear log of any calls that are cancelled by services user. This log is to be given to admin prior to audit of returns, any calls outside of this list is to be reported directly to RM to follow up on.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure all records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user’s home, as agreed with the service user, or where appropriate his or her carer/representative.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: The RI will to ensure that the staff are fully aware to keep records legible, accurate, up to date and signed and dated by the persons logging the entry.</p>

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



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