

Unannounced Care Inspection Report 10 December 2020



Rodgers Community Care

Type of Service: Domiciliary Care Agency

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Inspector: Corrie Visser

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Rodgers Community Care is a domiciliary care agency based in Lisburn which provides a range of personal care, social support and sitting services to adults and children living in their own homes. Service users have a range of needs including dementia, mental health, learning disability and physical disability. These services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT).

3.0 Service details

Organisation/Registered Provider: Rogders Community Care Ltd Responsible Individual: Mr Michael Dean Rodgers	Registered Manager: Mrs Isobel Maria Janene Swain
Person in charge at the time of inspection: Mrs Janene Swain	Date manager registered: 11 February 2009

4.0 Inspection summary

An unannounced inspection took place on 10 December 2020 from 10.30 to 15.30 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. Since the date of the last care inspection, RQIA was notified of a small number of notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users a decision was made to undertake an on-site inspection adhering to 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 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.

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 which is maintained by the agency in relation to the safeguarding of adults (2016).

On the day of the inspection we discussed safeguarding incidents which had occurred with the manager and deemed that they had been managed appropriately. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

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

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), monthly quality monitoring reports, recruitment and induction of staff, the management of incidents and complaints and the timely return of daily logs.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Janene Swain, 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 13 January 2020

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 January 2020.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, 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. No service user/relative questionnaires were received. Two staff responses were received; comments and analysis are included in this report.

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

One area for improvement was identified during this inspection in relation to record keeping.

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

6.0 The inspection

Areas for improvement from the last care inspection dated 13 January 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23(1)(2)(3)(4)(5) Stated: Second time	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.	Met
	In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.	
	Action taken as confirmed during the inspection: We reviewed a sample of these reports which were available on the day of inspection. It was noted that these reports were robust and analysed all aspects of service delivery.	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5.7 Stated: First time	The registered person shall ensure the records are transferred from the service user's home to the agency or other organisation (e.g. referring HSC Trust, or other purchaser of the service) for safekeeping when the service is concluded or according to the agency's procedures.	Met
	This relates to the service users' daily logs to be returned to the agency in a timely way.	
	Action taken as confirmed during the inspection: We reviewed daily logs for four service users and noted these had been returned in a timely way. It was discussed that the agency was ensuring these were returned on a monthly basis however due to the Covid-19 pandemic, this has not been achievable and the logs would be returned approximately every six weeks. The returned logs were being audited to ensure the needs of the service users were being met.	

6.1 Inspection findings

Recruitment:

On the day of inspection, we reviewed four staff recruitment files. It was evident that the manager was knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards, 2011 which relates to Access NI. All pre-employment checks had been completed prior to a date of commencement being provided to the staff members. This ensures that the persons employed are suitable to be working with service users.

It was positive to note that the staff files contained the training certificates undertaken by the individual care workers. Some of the training included epilepsy awareness, emergency management of seizures using Midazolam, child protection, the protection of vulnerable adults, basic food hygiene, fire safety, infection prevention and control, manual handling and health and safety.

The NISCC matrix reviewed confirmed all staff were registered with NISCC. The manager advised that staff registration is checked on a weekly basis and a reminder is sent to staff who are due to renew their registration. 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.

Service Users' Daily Logs:

We reviewed the daily logs for four service users which had been returned to the agency in a timely way and audited by the manager. It was noted, however, that there were significant deficits in all four logs including unrecorded times of calls or completed inappropriately in accordance with regulations. An area for improvement has been made in this regard.

Complaints and Compliments Records:

A complaints and compliments record was maintained in the agency. There were five complaints received since the last inspection and upon reviewing these, they were managed appropriately with a satisfactory outcome for the complainant. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided. Some compliments included:

- “We could not have managed without your care.”
- “Without your support we would not have been able to help our relative retain their independence and keep them safe at the same time.”
- “Just wanted to say a huge thank you for all the work you have done, to put care in place, for my relative over the years. I can only imagine how stressful and demanding it must be, so I just wanted you to know I have appreciated you all.”

Comments from service users included:

- “They are friendly and respectful.”
- “No problems at all.”
- “They treat me with respect.”
- “I love the girls.”

Comments from service users' relatives included:

- "I am more than happy."
- "I couldn't do without them."
- "They go beyond the call of duty."
- "They are amazing."
- "The carers are just like members of the family."
- "I can't praise them highly enough."
- "They are very thoughtful and have a good relationship with my relative."
- "We don't have any problems."
- "Everything is going quite calmly."
- "They always wear full PPE and wash their hands."
- "We are perfectly happy with the carer."
- "Gives me peace of mind."
- "The carer is very helpful."

Comments from care workers included:

- "If I have any issue, I can lift the phone and someone will be there to help me."
- "The manager is absolutely amazing."
- "We are wearing visors for every call."
- "Training is beneficial and amazing."
- "Shadowing is brilliant."
- "I thoroughly enjoy my job."
- "We have been updated in relation to Covid-19 and have been told ways to keep ourselves safe."
- "I enjoy meeting the service users."
- "I have never had any problems working for Rodgers Community Care."
- "There is always someone there at the end of the phone to give me advice or guide me."

Comments from professionals included:

- "There is good communication from Rodgers."
- "Any issues are dealt with quickly, efficiently and effectively."

Two staff responses were received and both respondents were either 'very satisfied' or 'satisfied' that the care being delivered was safe, effective, compassionate and well led.

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. Competency assessments had also been completed for every staff member in relation to IPC and a hand hygiene audit had also been undertaken on staff.

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 discussion with staff it was positive to note 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 the Northern Ireland Social Care Council (NISCC), monthly quality monitoring reports, recruitment and induction of staff, the management of incidents and complaints and the timely return of daily logs.

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

One area for improvement was identified during this inspection in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	0	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 Janene Swain, 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

An area for improvement has been identified where action is required to ensure compliance with 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 Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 5.2</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 that the record maintained in the service user's home details (where applicable):</p> <ul style="list-style-type: none"> • the date and arrival and departure times of every visit by agency staff: <p>This also relates to entries being written succinctly with gaps being explained.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has reviewed record keeping practice. The follow up from auditing has been revised and improvements required informed to each staff member.</p> <p>The Registered Manager has reviewed and amended the Recording Audit sheets to reflect explanations for any abnormal gaps in entries.</p> <p>The Registered Manager has revised the system for maintaining recording sheets in chronological order.</p>

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



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