

Unannounced Care Inspection Report 13 January 2020



Rodgers Community Care

Type of Service: Domiciliary Care Agency

Address: 404 Enterprise Crescent, Ballinderry Road, Lisburn, BT28 2BP

Tel No: 028 9267 8800

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 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(s): Mr Michael Dean Rodgers	Registered Manager: Mrs Isobel Maria Janene Swain (known as Mrs Janene Swain)
Person in charge at the time of inspection: Mrs Isobel Maria Janene Swain	Date manager registered: 11 February 2009

4.0 Inspection summary

An unannounced inspection took place on 13 January 2020 from 10:00 to 16:30 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011 along with the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

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.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

Evidence of good practice was found in relation to recruitment of staff, policies and procedures, spot checks/supervision of staff, ensuring staff are registered with the Northern Ireland Social Care Council (NISCC), staff training and development and liaison with service users and their relatives.

An area requiring improvement was identified in relation to the daily logs to be returned to the agency in a timely manner.

One area of improvement has been stated for the second time in relation to the monthly quality monitoring report.

Comments from service users are contained within this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0*	1

*One area for improvement under the regulations has been identified for the second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Janene Swain, 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 8 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 November 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The registration details of the agency
- Unannounced care inspection report and quality improvement plan from 8 November 2018

The inspector had discussions with three service users, two staff, two professionals and four representatives following the inspection.

The following records were examined during the inspection:

- Recruitment and induction records for four members of staff.
- A sample of the agency's policies and procedures.
- The agency's policy and procedure on staff meetings.
- The agency's record of incidents since the last inspection.
- Records relating to the registration of staff with the Northern Ireland Social Care Council (NISCC).
- The agency's record of complaints since the last inspection.
- Four service user care records including daily logs.
- Staff training matrix.
- Supervision and appraisal schedule for staff.
- A sample of staff meeting minutes.
- A sample of reviews with service users, relative and stakeholders.
- A sample of spot checks on staff.

At the request of the inspector, the manager was asked to display a poster prominently within the agency’s registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; three responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within this report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

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 8 November 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 8 November 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Stated: First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This related specifically to: <ul style="list-style-type: none"> • the requirement to obtain two references, one from an applicant’s most recent employer, • the completion of a statement by the 	Met

	<p>registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work he is to perform and</p> <ul style="list-style-type: none"> • having a satisfactory written explanation of any gaps in employment. 	
	<p>Action taken as confirmed during the inspection: Four staff recruitment files were reviewed during inspection and the agency was assessed to be compliant with Regulation 13.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 23 (1) (2) (3)</p> <p>Stated: First time</p>	<p>23.—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. 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.</p>	Not met
	<p>Action taken as confirmed during the inspection: The agency provided these reports to RQIA until March 2019 when they were deemed compliant. However these reports were not available to the inspector on the day of inspection nor were provided following the inspection. The last report provided to the inspector was from September 2019. This area for improvement will be stated for the second time.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.</p> <p>This relates specifically to the agency developing and implementing a staff meeting policy.</p>	Met
	<p>Action taken as confirmed during the inspection: A range of policies and procedures were reviewed during inspection, in particular in relation to staff meetings. The agency had created a policy in this regard which was</p>	

	compliant to Standard 9.	
Area for improvement 2 Ref: Standard 8.12 Stated: First time	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>This relates to the agency ensuring that annual monitoring visits are undertaken with service users.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed the reviews undertaken with service users, their relatives and professionals and an action plan was devised for any follow up required.</p>	Met
Area for improvement 3 Ref: Standard 16.3 Stated: First time	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas:</p> <ul style="list-style-type: none"> • accident prevention; • a safe and healthy work environment and safe • systems of work; • Control of Substances Hazardous to Health (COSHH); • fire safety awareness; • infection control; • food hygiene (as appropriate to the agency's services); • maintenance and use of all equipment; and • moving and handling. <p>This relates to ensuring that staff work practices are monitored as outlined in the agency's policy to ensure safe, effective and compassionate care is being delivered to service users.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed staff's spot checks by senior staff and the areas identified in Standard 16 have been incorporated into</p>	Met

	these checks.	
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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 inspector reviewed the agency's systems in place to avoid and prevent harm to service users.

Four recruitment files for staff recruited since the previous inspection were examined. All pre-employment checks were completed prior to the commencement of post. The agency was assessed as compliant with Regulation 13 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. All references were sufficient with one reference being from the individual's most recent employer. The information contained in the application form was more comprehensive in relation to employment history and all gaps were explained either on the application form or during interview with the applicant. There was also evidence of a statement by the manager of the applicant being mentally and physically fit to undertake the role of a care worker.

A review of staff induction records showed that staff attended for a three day induction including mandatory training and once completed, shadowed a more experienced member of staff for at least three shifts.

The inspector reviewed the agency's system to ensure that all staff receive the appropriate training to fulfil the duties of their role. The agency has a system in place to continually monitor and review staff training. There were two members of staff due their adult safeguarding training however following discussion with the manager dates were being sought for this training to ensure they remain up to date and compliant with training standards. Along with the mandatory training, additional training is provided by the agency including challenging behaviour, diabetes, palliative care, epilepsy and mental health awareness. This training is undertaken by ways of e-learning as well as in a classroom setting.

Since the last inspection on 8 November 2018, there have not been any safeguarding incidents. There was one incident recorded on the September 2019 quality report however this incident was stemming back to 2017. The agency has had difficulties in obtaining relevant information from the PSNI in relation to the outcome of the investigation therefore this remains open. The member of staff this related to was referred to NISCC due to staff misconduct. Staff spoken to during the inspection are aware of their roles and responsibilities in relation to reporting adult safeguarding and maintaining safeguarding records. Safeguard training is required as part of the induction process and receive yearly training.

Discussions with the registered manager established that they were aware of the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. They demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service

users and support appropriate protection planning and investigation. The agency had an Adult Safeguarding Champion (ASC) identified. Discussion took place with the manager in relation to the safeguarding position paper and the manager reported they are aware of the requirements of this requirement.

Comments by service users and their representatives include:

- “Everybody does what I need.”
- “Perfect.”
- “I am very well looked after.”
- “Only good things to say.”
- “It took a while for the girls to be trained in choking management but the girls who call are now trained.”
- “I am very happy with the care.”

Comments made by the staff spoken with during the inspection include:

- “The induction is really helpful.”
- “The training is very informative and very good.”
- “Good cross section of videos, talking, questions and answers.”
- “The ladies I was with were first class.” (This was in relation to shadowing experienced staff members).

One relative commented on the delay in the care workers receiving training, in particular to choking management. This was raised with the manager and was followed up to ensure all care workers received that specific training. The inspector reviewed the training matrix and all members of staff were up to date. Examples of training included administration of medication, dementia awareness, protection of vulnerable adults and restraint, manual handling and child protection.

The inspector reviewed the reporting and management of incidents which have occurred within the agency since the previous inspection. It was noted that appropriate management of incidents and follow up actions including liaison with service users’ relatives and SEHSCT representatives was undertaken. The members of staff involved in the incidents had formal supervisions and further training carried out. The staff spoken to on the day of inspection had good understanding of the management of risk and the importance of reporting any issues to the manager in a timely way.

Discussion with staff on the day of inspection did not raise any concerns in regards to having appropriate time to undertake their duties as per individual service users’ care plans.

Returned staff questionnaires indicated that one respondent was very satisfied and two respondents were satisfied that the care provided to service users was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training and adult safeguarding.

Areas for improvement

No areas for improvement were identified in this domain during 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 responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of the provision is laid out in the agency's Statement of Purpose.

The inspector reviewed four service users' care records. The agency provides care which is detailed in each service user's individual care plan which is provided by the relevant HSC Trust in consultation with the service user and their representative. The files reviewed included comprehensive and detailed referrals and care plans from the referring Trust. The information contained the services required and any relevant risk assessments including an epilepsy management plan, communication, manual handling and environment assessments. These assessments were reviewed annually and any changes to the service user's needs were updated accordingly. The agency has a system in place to monitor no access visits, missed or cancelled calls.

The inspector noted that the daily logs were not being returned to the agency in a timely way. This delay means that any service failures will not be picked up within an appropriate timeframe for action to be followed up. The monthly monitoring reports identify any failures in the care being provided to the service users, however this cannot be undertaken due to the logs not being returned on a monthly basis as previous advised by the manager. This has been identified as an area for improvement.

There was evidence of ongoing reviews with service users, their representatives and stakeholders by way of an annual monitoring visit, attendance at trust care reviews, monthly monitoring telephone calls and an annual satisfaction survey. The record of the service user monitoring visits was signed by the service user or their representative. This form is used to encourage feedback in relation to the care being provided, how service users are treated by the care workers in regards to their human rights and to ensure the service users are aware of the agency's complaints procedure.

Through discussion with service users, the inspector was advised that some calls can be late however the girls in the office would contact the service user to advise of same.

Following the previous inspection, staff meetings are now being held as per the statutory requirements and a policy has been devised. The staff are encouraged to attend staff meetings at least annually however they can access the minutes from all meetings which are retained in the agency. During discussion with staff, it was raised that dates of meetings are not being provided to them. This was discussed with the manager who advised that emails are sent to all staff providing them with the details.

No concerns were raised with the inspector by the service users or relatives in relation to their care being rushed or missed calls, however it was reported that the care workers can be late on occasions. Service users stated that they are contacted by the office advising of the delay. Examples of some of the comments made by service users or their relatives are listed below:

- “The girls are very friendly and very nice.”
- “They always offer to do other tasks before they go.”
- “xxxx’s needs are being met.”
- “Everything is great, no problems.”
- “They are flexible and accommodating if I need to change the time of the call or cancel a visit.”

Examples of some of the comments made by staff who met with the inspector are listed below:

- “The girls in the office are approachable and manage any issues.”
- “Management give me guidance when I need it.”
- “There is no call cramming and there is enough time to provide the care to the service users.”

Returned staff questionnaires indicated that one respondent was very satisfied that the care provided to service users was effective. Two responses indicated that they were satisfied that the care provided was effective.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to daily logs being returned to the agency in a timely manner.

	Regulations	Standards
Total number of areas for improvement	0	1

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 inspector spoke to service users and their relatives to ascertain if the care being provided is of a compassionate standard. The service users and relatives advised that the care workers treat them with dignity and respect and sufficient time is given for every care call.

Examples of comments made by service users and their relatives included:

- “All the girls are lovely.”
- “The girls are very good.”

- “xxxx can’t communicate however the girls can understand xxxx and communicate appropriately with xxxx.”
- “The girls are very friendly and very nice.”

Through discussions with the manager and staff, it was evident that the values such as respect, dignity and choices of the service users were at the forefront of the ethos and culture of the organisation. Training is provided to new members of staff in relation to equality and diversity, confidential and the core values expected of staff in their role. These areas are revisited throughout further training sessions provided by the agency.

From reviewing the service users’ care plans, it was noted their voice is heard by consulting with them in respect of their care plan and subsequent reviews of same. All documentation was signed by the service users or if they were unable to sign a record of this was noted and a signature from their representative was obtained. Monthly monitoring reviews were also undertaken with a sample of service users to ascertain their views on the care being provided and if they wanted to raise any concerns.

The service users and representative spoken to following the inspection reported they are aware of the complaints procedure and who to contact if they have a concern/complaint. It was reported that any concerns raised with the manager or the Trust’s representative were dealt with in a timely way and improvements made.

Returned staff questionnaires indicated that one respondent was very satisfied that the care provided to service users was compassionate. Two responses indicated that they were satisfied that the care provided was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the human rights of service users being promoted and inclusion of service users and their representatives in all care plan reviews.

Areas for improvement

No areas of improvement were identified in this regard.

	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 sought to assess the agency’s leadership, management and governance arrangements to ensure that safe, effective and compassionate care is being provided to the service users. The RQIA registration certificate was up to date and displayed appropriately.

The inspector reviewed the complaints and compliments record retained by the agency. One complaint was received since the previous inspection and it was managed appropriately. There was evidence of liaison with the relevant HSC Trust and physiotherapist in relation to the complaint and the agency managed to rectify this in a timely way with the service user and relative being content with the outcome. Discussion with staff during the inspection confirmed that they knew how to receive and deal with complaints and were aware to ensure management were made aware of any complaints straight away. All the service users and their representatives spoken with by the inspector were also aware of who they should contact if they have any concerns about the agency.

The agency has a supervision and appraisal policy which outlines the timescales and procedure to be followed. The manager advised that supervision was undertaken bi-annually however this was changed to yearly in 2017. New members of staff receive regular supervision as part of their probation period to ensure they are fulfilling all aspects of their duties. Four staff members' supervision and appraisal files were reviewed during inspection and all staff were being supervised as per the agency's policy. Spot checks on staff are also carried out on a regular basis to ensure the staff member is competent on various aspects of care.

Monthly quality monitoring reports are to be reviewed as part of the inspection process and Regulation 23 of the Domiciliary Care Agencies Regulation (Northern Ireland) 2007 states that the registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided which should be provided to RQIA upon request. Rodgers Community Care was required to provide their monthly monitoring reports to the inspector following the last inspection to ensure compliance. This was undertaken by the agency from January 2019 until March 2019 and were deemed compliant with Regulation 23. The reports were not available on the day of the inspection as the registered person reported that the reports were now being done on a computer system which was not working on the day of inspection. The inspector followed this up with the manager post inspection however it was reported that the system was still down, therefore the reports were not accessible. This area for improvement has been stated for the second time and the agency will be required to submit these reports to RQIA until further notice

It is a regulation that all staff providing care and support to service users are registered with the Northern Ireland Social Care Council (NISCC) or other appropriate regulatory body. The manager has a system in place to monitor the registration of staff. The manager advised that she checks this on a weekly basis and ensure all staff are reminded to renew their registration. The manager advised that she has contacted NISCC directly in relation to outstanding registrations for the new members of staff. The manager advised that any member of staff off on long term sick leave will be required to renew their registration and complete all mandatory training prior to any shifts being offered. This process is to ensure the safety and wellbeing of the service users.

Examples of some of the comments made by staff who met with the inspector are listed below:

- "It's not too bad working for them."
- "I'm a new staff member but so far so good."
- "I am not given feedback of the outcome of complaints."
- "I can approach the manager at any time and am given guidance."
- "Rodgers is a good company to work for."

Returned staff questionnaires indicated that one respondent was very satisfied that the service was well led. Two responses indicated that they were satisfied that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, management of complaints and ensure all staff are registered with the appropriate regulatory body.

Areas for improvement

One area of improvement has been stated for the second time in relation to the monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

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

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 23(1)(2)(3)(4)(5)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>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.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person has reviewed and amended the monthly Quality Monitoring reports to reflect specifics as required; these reports continue to be forwarded to the RQIA Inspector on a Monthly basis.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 5.7</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>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.</p> <p>This relates to the service users' daily logs to be returned to the agency in a timely way.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has implemented a system for the collection and safekeeping of records from the service users home to the office in a timely manner.</p>

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



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