

Announced Care Inspection Report 17 December 2019



Down Community Care

Type of Service: Domiciliary Care Agency
Address: 219 Kingsway, Dunmurry, Belfast, BT17 9SB
Tel No: 028 9062 0002
Inspectors: Fionnuala Breslin and
Michele Kelly

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

Down Community Care is a domiciliary care agency based at Kingsway, Dunmurry which is under the direction of the registered manager, Miss Sammie- Jo Ward. There are forty three staff providing personal care to seventy two service users. These service users live in their own homes in the Dunmurry and Lisburn areas of Northern Ireland. The team provide a range of services including personal care, social support and domestic assistance. The service users have been assessed as requiring these services due to frailty, learning disability and/ or mental health needs. The South Eastern Health and Social Care Trust (SEHSCT) commission these services.

3.0 Service details

Organisation/Registered Provider: Down Community Care Responsible Individual(s): Mrs Susan Virginia Ward	Registered Manager: Miss Sammie-Jo Ward
Person in charge at the time of inspection: Miss Sammie- Jo Ward	Date manager registered: 18 November 2015

4.0 Inspection summary

An announced inspection took place on 17 December 2019 from 09.30 to 16.30.

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 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties 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 be seeking 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.

The inspection assessed progress with areas for improvement identified during 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 staff members spoken with during the inspection provided valuable feedback in terms of the performance of the agency.

There were examples of good practice found throughout the inspection in relation to staff supervision and training and development. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place.

It was evident throughout the inspection that the agency promoted the service users' human rights; staff spoken with were able to give examples of how they upheld these values.

Areas requiring improvement were identified in respect of ensuring full work histories are reviewed before job offers are made; another area for improvement involves ensuring all stakeholders are represented within the annual report.

Evidence of good practice was found in relation to the following:

- Care records
- Staff supervision and appraisal
- Complaints management
- Audit of accidents and incidents
- Good team morale
- Stakeholder involvement

Two areas of improvement were identified by the inspectors, one relating to recruitment processes and the second related to the quality improvement process.

| Service users said:

- "Girls are so lovely and kind"
- "Good I like them"
- "A lot of new staff but always with someone who knows me"
- (Care staff) "Amazing" "I'm very blessed"
- "Would find it very difficult without them"
- "Always come when they say, like friends to me now"
- "Sometimes they run late but contact me to let me know"

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	2	2

| Details of the Quality Improvement Plan (QIP) were discussed with Miss Sammi- Jo Ward, the 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 September 2018

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 September 2018.

5.0 How we inspect

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- Evaluation and feedback

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

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The inspectors met with three staff and comments are included within the context of the report.

A range of documents, policies and procedures relating to the service were reviewed and are referred to in the body of the report.

The inspector spoke with three service users and three relatives by telephone on 20 December 2019 to obtain their views on the service. The service users informed the inspector that they received assistance with the following:

- Medication management
- Personal care
- Meals

The inspector also viewed the agency's documentation relating to the three service users.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

At the request of the inspectors, 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; no responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives; Two responses were received.

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.

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 4 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5.6 Stated: First time	The registered person shall ensure all records are legible, accurate, and up to date and signed by the person making the entry.	Met
	Action taken as confirmed during the inspection: The registered manager has ensured that all records are legible, accurate and up to date and signed by the person making the entry. Moving forward the agency will ensure that the service users' information is updated and staff are aware of the changes. All records are kept in a safe place in the service users' home, as agreed with the service user, or where appropriate his or her carer/representative.	
Area for improvement 2 Ref: Standard 13.3 Stated: First time	The registered person shall ensure staff have recorded supervision meetings in accordance with the agency's procedures.	Met
	Action taken as confirmed during the inspection: The registered manager has ensured that staff have recorded supervision meetings in accordance with the agency's procedures. Staff will be notified of planned supervision and appraisal prior to their meetings. On occasions group supervisions are carried out. All records of meetings are recorded.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The inspectors reviewed three personnel records of more recently recruited staff. These records confirmed that the pre-employment information had been obtained; however the inspectors noted that application forms only requested detail of the employees' last two jobs. It was also noted that out of three staff records viewed: one member of staff had one unsatisfactory reference without any satisfactory written explanation for this being accepted and the second member of staff had both references which were unsatisfactory, again the inspectors did not see a satisfactory written explanation for this in the staff file.

To ensure compliance with regulation 13 and Schedule 3 a full employment history must be obtained; this matter is an area for improvement. And, there should be two satisfactory written references linked to the requirements of the job, one of which is from the applicants present or most recent employer. This is an area for improvement. Following the inspection the manager forwarded a revised application form which will be used for future prospective employees. Staff records reviewed also evidenced staff members' registration with NISCC and the registered manager described the system in place to review staff renewal of registration

The agency had retained records to evidence that staff are not provided with work until all required checks have been satisfactorily completed; aside from the two aspects of the area for improvement outlined in the last paragraph.

Rotas viewed by the inspectors confirmed that staffing levels were currently adequate to meet the needs of service users and the agency and the manager confirmed that recruitment was ongoing.

Discussions with the manager confirmed that a record of the induction programme provided to staff is retained; the inspectors viewed three individual staff induction records. These evidenced that staff received an induction lasting a minimum of three days which included topics such as manual handling, health and safety, safeguarding the adult at risk, whistleblowing, infection prevention control and fire awareness.

Discussions with the manager and staff on the day of inspection confirmed that the induction process was appropriate and provided them with the knowledge and skills to fulfil the requirements of their job role, Staff commented that new staff shadow experienced workers until they are confident and competent. This practice supports service users to receive a service in which their dignity has been respected i.e. through introductions to new workers prior to service delivery.

The inspectors reviewed the agency's training plans which indicated compliance with the Regulations and Minimum Standards and that staff had appropriate training to fulfil the duties of

their role. The manager was aware of the importance of staff being aware of capacity legislation and Deprivation of Liberty Safeguards (DOLS). There was evidence the staff have additional training to that outlined in the Minimum Standards and the manager outlined the new electronic training platform which is used in conjunction with face to face training sessions.

The inspectors were advised by all those service users and relatives consulted with, that they had no concerns regarding the safety of care being provided by the agency.

Staff said:

- “I would not put the client or myself at risk by doing something I was not trained to do properly”
- “the safeguarding champion is the manager and I would report any issues to her straight away”

Discussions with the staff members demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency’s whistleblowing policy. It was identified from training records viewed that staff were required to complete safeguarding training during their induction; and, in addition, complete an annual update. Training records viewed by the inspector confirmed compliance in this area.

During conversation with service users and relatives by phone, in relation to safety and staff training, there were no issues or concerns raised. All of the service users and families contacted confirmed that they could approach the carers and the office staff if they had any concerns comments were as follows:

- “The staff come three times a day; I would find it very difficult without them. Some days I can barely stand”
- “I wouldn’t be able to go to work without their support”

The rota information evidenced that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users’ experience of a dignified service.

The inspectors reviewed reporting and management of incidents occurring within the service. The manager maintained a record of all incidents and accidents which had been audited on a monthly basis by the responsible person. A review of a sample of records evidenced that, appropriate management of incidents and follow up actions, including liaison with service users’ relatives and the South Eastern Health and Social Care Trust (SEHSCT) representatives was undertaken. Staff spoken to on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk, the ability to balance risk with the wishes and human rights of individual service users and the importance of reporting any issues to their line manager in a timely manner.

Discussions with the registered manager and a review of the agency’s safeguarding policy established that the agency have embedded the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 into practice. The manager 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 (ASG) identified.

There had been adult safeguarding referrals made since the last care inspection and appropriate records had been kept by the agency. The manger confirmed they will be completing a position report by 31 March 2020. Discussions with the staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and taking appropriate and timely action when service users' rights are at risk of being breached.

The inspectors noted that staff had completed adult safeguarding and child protection training.

Areas of good practice

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

Areas for improvement

There was one area for improvement in relation to staff recruitment identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency's Statement of Purpose (2019) and Service User Guide (2019).

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders.

Staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency has quality monitoring systems in place; this included consultation with a range of service users, relatives and staff.

The manager could describe the processes used for supporting service users to be engaged in the care planning and review processes. The inspectors viewed a number of service user care records; it was noted that staff record daily the care and support provided and that records were well maintained.

Records also confirmed that the agency completed regular monitoring visits and spot checks on staff performance. The records evidenced no concerns expressed by the service users during the monitoring visits. These visits identified that service users are individuals and are listened to and their views are valued.

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

- “ My father gets on with them all and is genuinely fond of them”
- “Different carers come but there is always someone who knows what to do and directs the other”

During interview with staff the following comments were made:

- “the management carries out spot checks on our work, I don’t mind because I understand it is part of their role”

Areas of good practice

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

Areas for improvement

There were no areas for improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with the manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. Staff identified the need to communicate meaningfully and sensitively with service users; and they were respectful of the fact they were working in a service user’s home.

All the service users consulted with by the inspector felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect. Service users, when possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought by the service through home visits, phone calls and questionnaires to ensure satisfaction
 Inspectors reviewed three care files which were signed by the service user and reflected service user involvement.

Staff who spoke with the inspectors were highly knowledgeable regarding the service users’ needs.

The following comments were made by staff:

- “I love it and get great job satisfaction from my work, you have to like caring for people, I find it very satisfying... I know all the clients. The care plan is there to help and it tells you all you need to know, then you build your relationship with them”

All the service users interviewed all felt that the care staff had good knowledge of their needs and felt valued and respected by the care staff. The following comments were made by service users in relation to how compassionate they thought the care was and how involved they felt in their care.

- “amazing, I have many health concerns and feel very blessed”
- “Good... I like them... a lot of new staff come but the girls are so lovely, so kind”
- “more like friends and have a nice banter”
- “they have been coming for five years and are so courteous, friendly and helpful”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is 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 agency is managed on a day to day basis by the manager, with the support of the responsible individual, the office manager the monitoring officer and a team of care staff. It was identified that the agency has effective systems of management and governance in place. On call arrangements were in operation and staff spoken with raised no concerns in relation to the responsiveness of the management team. There was evidence of an effective system in place for the audit and follow up of accidents/incidents. There was evidence recorded of feedback to keyworkers/ care managers in respect of all incidents. Inspectors found that there was a good team morale and evidence of harmonious working relationships. Care staff told inspectors that they felt the manager was approachable and supportive to them and they felt valued for their contribution.

The agency’s supervision and appraisal policies outline the timescales ad processes to be followed. The inspector viewed three individual staff records and noted that records indicate supervision and appraisal is maintained by the agency; records viewed indicated that staff had received supervision in accordance with the agency’s policies and procedures.

This was an area for improvement in the last care inspection carried out on 4 September 2018 and the inspectors found evidence that this requirement had been met on the day of inspection. The inspectors viewed the agency's annual report which did not include the views of all stakeholders; this matter is an area for improvement.

Comments made by staff in relation to how they are managed were as follows:

- "management is very approachable... they are a good bunch to work for"
- "the manager is very good and making sure that any concerns are followed up"
- "if I have any concerns I speak to the manager and she requests a review if circumstances change"

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Sammi-Jo Ward, 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/or 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 13 and Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: immediate from the date of inspection</p>	<p>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:</p> <ul style="list-style-type: none"> • the requirement to obtain two references, one from an applicant’s most recent employer, • a full employment history together with a satisfactory written explanation of any gaps in employment. <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager will ensure that no domiciliary care worker is supplied by the agency unless full satisfactory information is available in relation to them as specified in schedule 3. The Registered Manager will ensure two satisfactory references are obtained and a full employment history with an explanation to any gaps of employment.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23 (1) (2) (3)(4)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>(1) 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>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p>

	<p>The reports must be submitted to RQIA no later than 5 days after the last day of the month until further notice.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager will ensure to adhere to Regulation 23 (1) (2) (3) (4) and make improvements were detailed above and report to the necessary persons.</p>

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



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