

Unannounced Domiciliary Care Agency Inspection Report 11 April 2016



Down Community Care

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Down Community Care took place on 11 April 2016 from 09.40 to 16.15 hours.

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

Is care safe?

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

Is care effective?

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

Is care compassionate?

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

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

However, three recommendations for improvement have been made. The agency's Statement of Purpose and Service Users Guide should be reviewed and updated with their revised complaints procedure, the registered manager's qualifications and their updated organisational structure.

The registered person should update their complaints procedure to include details of independent advocacy services and provide an updated copy to all service users.

The registered person should ensure that service users are provided with updated manager and organisational structure information.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes, and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sammie-Jo Ward, registered manager and Maura McLaughlin, service manager as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organization/registered person: Down Community Care/Susan Virginia Ward	Registered manager: Sammie-Jo Ward
Person in charge of the agency at the time of inspection: Sammie-Jo Ward	Date manager registered: 18 November 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

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

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

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

Prior to the inspection the UCO spoke with five service users and four relatives, either in their own home or by telephone, on 7 April 2016 to obtain their views of the service. The service users interviewed reported that they received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

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

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

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Two trust care review meeting records
- Two staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff duty rotas for 2 April to 15 April 2016
- Staff Handbook
- Minutes of staff meetings November 2015 and March 2016
- Service user compliments received from April 2015 to March 2016
- One complaint record
- Monthly monitoring reports for January to March 2016
- Annual quality report 2015
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Manager's daily contact log records/on call logs for February and March 2016
- Record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 April 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 23 April 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The agency currently provides services to 82 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training and found to be in compliance with relevant regulations and standards.

Two files were sampled relating to recently appointed care staff which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained. Two of the five care staff interviewed, who had commenced employment within the last six months, described their recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

The UCO was advised by all of the service users/relatives interviewed that there were no concerns regarding the safety of care being provided by Down Community Care. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the care required.

No issues regarding the carers' training were raised with the UCO; service users/relatives discussed examples of care delivered by staff that included manual handling, use of equipment or dementia care. All of the service users/relatives interviewed confirmed that if they had a concern they could approach carers and/or office staff. Examples of some of the comments made by service users/relatives are listed below:

- "If there are any concerns regarding XXX the carers inform me straight away."
- "We work together as a team with the carer to ensure XXX gets the required care."

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

Partnership'. This was discussed with the registered manager who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed which contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

Each of the five care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agencies policy and procedure on whistleblowing.

Staff questionnaires received by the inspector confirmed that staff had received safeguarding update training.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager confirmed that the agency is usually invited to contribute either in writing or to attend the commissioning trust arranged care review meetings with service users/representatives.

The agency's registered premises had relocated in May 2015 and included a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose. Two care workers interviewed confirmed that the relocation of the agency office to new premises on the main road in Dunmurry had been an improvement in relation to their calling into the office for documentation or supplies.

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

Areas for improvement

No areas for improvement were identified during the inspection.

4.4 Is care effective?

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

Service users also reported that they were normally introduced to, or advised of the name of, new carers by a regular carer or supervisor. It was also confirmed that new carers had been made aware of the service users' care needs.

Service users/relatives reported no concerns regarding the communication between themselves and the agency carers and office staff. All of the service users/relatives interviewed by the UCO confirmed that they are involved in trust reviews regarding their care package. Two service users advised that a representative from Down Community Care had attended trust review meetings where there were issues regarding the care package.

The majority of service users/relatives confirmed that management from the agency carry out regular home visits and phone calls, and they also received satisfaction questionnaires from Down Community Care asking for their views on the service.

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

- "When my XXX was discharged from hospital later than planned, the carers called back to check if care was required."
- "Really satisfied with the carers."
- "Carers are flexible with sit times to suit the family's needs."
- "I'm trying to keep independence but carers help when I need it."

The agency's policy and procedure on 'Recording and Reporting Care Practices' was viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff, and one practice issue regarding a care worker not completing their full signature addressed.

Service users and relatives spoken to by the UCO, and staff spoken with during the inspection, suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs were identified. Staff questionnaires received by RQIA indicated that they received frequent monitoring/spot checks by their manager, along with quarterly supervision sessions and an annual appraisal.

The registered manager and service manager confirmed ongoing discussion of records management during staff team meetings and during training updates; discussion with staff during the inspection supported ongoing review of this topic. Minutes of staff meetings viewed for November 2015 and March 2016 confirmed this area had been discussed.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or representatives' views had been obtained and where possible, incorporated.

Service user records evidenced that the agency carries out monitoring visits with service users three monthly, and telephone contacts monthly, along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

The agency had completed an annual quality review report for 2015, with a summary report of findings and improvements planned. The registered manager confirmed the summary report had been provided to all service users during September 2015. The content of the annual quality review report was found to contain feedback from a variety of stakeholders. The registered person and registered manager had completed an annual service review and report in February 2016 which the inspector discussed with the registered manager. The report indicated an on-going quality review process was embedded within the organisation, and is to be commended.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Areas for improvement

No areas for improvement were identified during the inspection.

4.5 Is care compassionate?

All of the service users/relatives interviewed by the UCO felt that care was compassionate, that carers treat them with dignity and respect, and care is not being rushed. Service users/relatives reported that as far as possible, they were given choice in regards to meals and personal care.

Views of service users and relatives were sought through home visits, phone calls and questionnaires on a regular basis to ensure satisfaction with the care being provided by Down Community Care. Examples of some of the comments made by service users or their relatives are listed below:

- "It gives my family peace of mind to know that someone calls regularly with me."
- "I really appreciated their support when I wasn't well."
- "Best decision I ever made."

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis. From the records reviewed by the inspector no staff practice issues were identified during spot checks and monitoring visits. It was good to note positive comments from service users had been recorded on their monitoring records.

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

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

- “Thank you to carers who stayed with my relative until the ambulance arrived.” (Thank you note dated February 2016).
- “I would like to thank the staff who took extra special care and time with my mother.” (Thank you card November 2015).

Staff interviewed on the day of inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care.

Areas for improvement

No areas for improvement were identified during the inspection.

4.6 Is the service well led?

The agency’s RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager Sammie-Jo Ward, the service manager and senior care staff, care workers provide domiciliary care and support to 82 people living in their own homes.

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

The Statement of Purpose and Service Users’ Guide were reviewed. The contents of both documents should be updated. The Statement of Purpose should be expanded to include the qualifications of the registered manager and an updated organisational structure, along with the revised complaints procedure. The Service Users’ Guide should be updated to contain the agency’s revised complaints procedure, manager qualifications and organisational structure.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency’s policies and procedures. The arrangements for policies and procedures to be reviewed, at least every three years, was found to have been implemented with all of the policies sampled reviewed since January 2014.

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

The complaints log was viewed for 2015 and 2016 to date, with one complaint received. The inspector reviewed this complaint record and found the matter had been appropriately managed and resolved to the complainant’s satisfaction.

The agency’s complaints procedure viewed was found to be out of date and required expansion to include details of independent advocacy services. A recommendation has been made in this regard.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No notifiable incident reports were received since the agency's previous inspection.

The inspector reviewed the monthly monitoring reports for January to March 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

The registered manager informed the inspector that Down Community Care have applied and are to be assessed for the quality award ISO 9001 in May 2016. This is to be commended, and the value of this additional quality tool was discussed in terms of improving the staff team's knowledge and skills along with keeping abreast of new areas of development.

The five care workers interviewed indicated that they felt supported by senior staffs that were described as approachable and helpful. The on-call system in operation was described as extremely valuable to staff seeking advice but also as a support and reassurance outside office hours.

Areas for improvement

The agency's complaints procedure should be expanded to include details of independent advocacy services.

The registered person should undertake a review of the agency's Statement of Purpose and ensure it is updated to include the qualifications of the registered manager, an updated organisational structure and their revised complaints procedure.

The registered person should ensure that service users are provided with updated manager and organisational structure information.

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Sammie-Jo Ward and the service manager, Maura McLaughlin as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Agencies.Team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 15.7</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2016</p>	<p>The registered person should update their complaints procedure to include details of independent advocacy services and provide an updated copy to all service users.</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has updated the complaints procedure to include details of independent advocacy services. The Registered Manager will provide all service users with a copy of this by the completion date.</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2016</p>	<p>The registered person should undertake a review of the agency's Statement of Purpose and ensure it is updated to include the qualifications of the registered manager, an updated organisational structure and their revised complaints procedure.</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has reviewed the Agency's statement of purpose to ensure that it includes the Qualifications of the Registered Manager and an updated the organisational structure and revised the complaints procedure in accordance with standard 8.7.</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.9</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2016</p>	<p>The registered person should ensure that service users are provided with updated manager and organisational structure information within their service user guide.</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has updated the information regarding the Managers Qualifications and organisational structure. All service users will be notified of the change and a copy of the information distributed to each in accordance with standard 8.9 by the date of completion.</p>

**Please ensure this document is completed in full and returned to Agencies.Team@rqia.org.uk from the authorised email address*



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