

# Unannounced Inspection Report 25 May 2017



## Down Community Care

**Type of service: Domiciliary Care Agency**  
**Address: 219 Kingsway, Dunmurry, Belfast, BT17 9SB**  
**Tel no: 02890620002**  
**Inspector: Michele Kelly**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Down Community Care took place on 25 May 2017 from 10.15 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and since the last 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. Ongoing staff training is supported through theory and practical training sessions. Regular staff quality monitoring was also evident. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. Staffing levels reviewed and discussed during inspection with all stakeholders supported appropriate staff in various roles to meet the needs of the service user group. The agency operates a staff recruitment system and an induction programme to ensure sufficient supply of appropriately trained staff at all times.

One area for improvement was identified during the inspection;

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. The registered manager must also confirm that persons employed are physically and mentally fit for the purposes of the work he is to perform.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency is responsive to the needs of service users through the development and review of support plans. Service user guides and relevant information is provided to service users at service commencement. The agency's systems of quality monitoring for staff have been implemented consistently in line with regulations and standards.

No areas for quality improvement were identified.

### **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. Ongoing review of service quality through a range of contacts with service users, families and HSC trust professionals was evident. A range of compliments and feedback supported the inspector's assessment of compassionate care being delivered. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

## Is the service well led?

On the day of the inspection the agency was found to be well led. The management had evidence of policies and procedures alongside the agency statement of purposes and service user guide. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. Processes were evident in support of staff rotas, and review of incidents and complaints. The inspector reviewed evidence of effective communication with the HSC Trust regarding changes in service users' needs. The service manager demonstrated appropriate knowledge in managing the service and provided all requested information for inspection review. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in their managers to support them and address matters arising.

One area for improvement was identified during inspection;

Monthly monitoring reports which should be completed by an individual without day to day responsibility for managing the service should identify actions being taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with the 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 11 April 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Down Community Care/Mrs Susan Virginia Ward	<b>Registered manager:</b> Miss Sammie-Jo Ward
<b>Person in charge of the service at the time of inspection:</b> Service Manager	<b>Date manager registered:</b> 18 November 2015

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report and Quality Improvement Plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the service manager and telephone call with the registered manager.
- Consultation with four care staff
- Consultation with a trust professional
- Examination of records
- File audits
- Evaluation and feedback.

Prior to and on the day of the inspection the User Consultation Officer (UCO) spoke with one service user and nine relatives, by telephone, on 24 and 25 May 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals
- Shopping.

During the inspection the inspector spoke with four care staff to discuss their views regarding care and support 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 a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. The inspector contacted the agency subsequent to the inspection to request return of these questionnaires however no questionnaires were returned to RQIA.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Three staff members' recruitment records
- Induction policy and procedure
- Three staff members' induction and training records
- Three staff members' quality monitoring, supervision and appraisal records
- Training matrix
- A sample of service user/staff duty rotas
- Three service user records regarding referral, assessment, care planning and introductory visits
- Three service users' records regarding review and quality monitoring
- Three client daily recordings
- The agency's service user guide/agreement

- The agency's statement of purpose
- Agency process for verifying staff Northern Ireland Social Care Council (NISCC) registration
- Three monthly monitoring reports
- One set of staff meeting minutes
- Two communication records with trust professionals
- Complaints policy and procedure.

#### 4.0 The inspection

Down Community Care is a domiciliary care agency based at Kingsway Dunmurry. Under the direction of the registered manager, Sammie-Jo Ward and the service manager, 28 staff provide a domiciliary care service to 78 service users. These service users live in their own homes in the Dunmurry and Lisburn areas of Northern Ireland. Staff provide a range of services including personal care, social support and some domestic assistance. The service users have been assessed as requiring these services due to frailty associated with advancing years, learning disability, physical disability and/or mental health care needs. The South Eastern Health and Social Care Trust commission these services.

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 11 April 2016

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 11 April 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 15.7 <b>Stated:</b> First time	The registered person should update their complaints procedure to include details of independent advocacy services and provide an updated copy to all service users.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policy in respect of complaints was viewed during the inspection and includes details of independent advocacy services. The service manager confirmed that an updated copy had been provided to all service users.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 8.7 <b>Stated:</b> First time	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.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The Statement of Purpose was viewed by the inspector and now includes the qualifications of the registered manager, an updated organisational structure and their revised complaints procedure.</p>	
<p><b>Recommendation 3</b> <b>Ref:</b> Standard 8.9 <b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b> The service user guide has been updated to include manager and organisational structure information.</p>	<b>Met</b>

### 4.3 Is care safe?

The UCO was advised by all of the service users and 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 that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of training attended included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "It gives the family peace of mind. The girls contact us if anything is wrong".
- "Not one complaint".
- "Can't fault them".

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and in accordance with related regulations and standards.

The inspector selected and reviewed a sample of three staff personnel records; these staff had been employed in 2016 and 2017. The information reviewed within the sample of staff files indicated that these domiciliary care workers had been employed and supplied to service users without a statement by the registered manager confirming the person was physically and mentally fit for the purposes of the work they were required to perform. One file had only one satisfactory reference; a second reference had been requested but returned without any information relating to the employee included.

An induction programme had been completed with each staff member. Review of three staff files supported a three day induction process compliant with Regulation 16(5) (a). Staff spoken

with during inspection confirmed they had received a three day induction and where necessary, extra shadowing days are available when staff or management believe they require additional time. The agency's registered manager confirmed the majority of staff are registered with NISCC with the remaining staff moving towards registration. Staff were also able to describe their registration process with NISCC.

The inspector was advised that the agency has not had any safeguarding or whistleblowing matters arise since the previous inspection. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing.

Staff training records viewed confirmed all care staff had completed the required mandatory update training programme. The training plan for 2017 was viewed and contained each of the required mandatory training subject areas. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Records reviewed for three staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes.

The registered manager confirmed that the agency implements an ongoing quality monitoring process as part of the review of services and this was evident during review of three service users' records. The registered manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was viewed during inspection. Discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

The inspector observed the records management arrangements within the agency and concluded appropriate storage and data protection measures were being maintained.

### Areas for improvement

One area for improvement was identified during the inspection regarding pre- employment checks;

- Two satisfactory references including one from the most recent employer must be received and the registered manager must confirm that persons employed are physically and mentally fit for the purposes of the work he is to perform.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Down Community Care were raised with the UCO. Some of the service users and relatives interviewed were able to confirm that home visits or phone calls have taken place as well as

receiving a questionnaire from the agency to obtain their views on the service. One relative was also able to confirm that observation of staff had taken place.

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

- “The service is second to none”.
- “Would give them 100%”.
- “Consistency is great. They have built up a great rapport”.

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

A sample of three service user files viewed confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user’s needs were being met. The service manager explained that the agency is usually invited to attend the commissioning trust’s arranged care review meetings with service users/relatives. The service manager confirmed they receive an amendment form from the trusts detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans. The inspector spoke with a HSC Trust professional who was very satisfied with the care provided by agency staff and the responsiveness of management to issues raised.

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.

The inspector reviewed two completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by senior staff. 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 also demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

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

- “The girls are brilliant with XXX”.
- “Lovely girls”.
- “XXX was anxious at first, but the girls put us at ease”.

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs.

Observation of staff practice carried out within service users’ homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy. A HSC trust professional who spoke with the inspector had great praise for the responsiveness of the agency and the willingness of the service manager, he commented;

“XXXX is brilliant, our ‘go to’ person”.  
 “It is one of the services I am very happy with”.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. The UCO was not advised of any complaints regarding the service or concerns in regards to the management of the agency

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Miss Sammie-Jo Ward and the service manager the agency provides domiciliary support to 78 service users living in their own homes.

Review of the statement of purpose and discussion with the service manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and were clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations. The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services. The policy and procedures which are maintained electronically were reviewed and contents discussed with the registered manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented. Review of the

Safeguarding Policy evidenced reference to updated guidance from the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI). Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures.

The inspector noted that recently staff meetings had been very infrequent with only one meeting in the last year. The minutes for the meeting in March 2017 evidenced that arrangements for NISCC registration and medication issues were discussed. The inspector advised that more frequent meetings should be held and the service manager agreed to ensure that these are scheduled.

The complaints log was viewed for 2016-2017 to date. Review of complaints during inspection supported appropriate processes in place for complaints review and resolution. Discussion with the service manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No safeguarding matters had occurred since the previous inspection.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Feedback from a trust representative post inspection highlighted communication between the agency and the trust is very good.

Four support staff spoken with indicated that they felt supported by their managers who they described as always available with an open door policy. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users. The inspector was informed by the service manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC. Documentation in place showed that the remaining staff are awaiting their registration certificates.

The inspector reviewed the monthly monitoring reports from January 2017 to April 2017. The reports contained insufficient evidence that the registered person evaluates the quality of services provided in accordance with minimum standards. The monitoring reports viewed by the inspector lacked detail and the registered person's role in completing or reviewing these was not clear. Quality monitoring visits were recorded as having been undertaken by the registered manager however the information in respect of consultation with service users and their representatives was limited. The reports did not sufficiently detail measures to be taken to improve the quality and delivery of the services which the agency arranges to be provided.

### **Areas for improvement**

One area for improvement was identified during the inspection and refers to;

The registered person should review the system in place for evaluating the quality of services provided.

Quality monitoring should provide for consultation with service users and their representatives and record specific evidence of this consultation; detail the measures that the registered person considers necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.

Monthly monitoring reports should be completed by an individual without day to day responsibility for managing the service.

Copies of monthly quality monitoring reports should be forwarded to the responsible inspector within one month of the date of issue of this report.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the service manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 13 (c)  
(d)

**Stated:** First time

**To be completed by:**  
Immediate and ongoing

The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-

- (c) he is physically and mentally fit for the purposes of the work which he is to perform; and
- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3

**Response by registered provider detailing the actions taken:**  
The Registered Manager shall ensure that no domiciliary care worker is supplied by the agency unless he/she is mentally fit for the purposes of the work which he/she is to perform. Also that full and satisfactory information is available in relation to he/she in respect of each of the matters specified in schedule 3.

#### Requirement 2

**Ref:** Regulation 23.

**Stated:** First time

**To be completed by:**  
20 July 2017

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.

(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—

- (a) arranges the provision of good quality services for service users;
- (b) takes the views of service users and their representatives into account in deciding—
  - (i) what services to offer to them, and
  - (ii) the manner in which such services are to be provided; and
- (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.

(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.

(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.

(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.

**Response by registered provider detailing the actions taken:**  
In relation to Regulation 23 The Registered Manager shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

***\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\****



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