

Unannounced Care Inspection Report 4 September 2018



Down Community Care

Type of Service: Domiciliary Care Agency
Address: 219 Kingsway, Dunmurry, Belfast, BT17 9SB
Tel No: 028 9062 0002
Inspector: Lorraine O'Donnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service 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. Under the direction of the registered manager, Miss Sammie-Jo Ward and the service manager, thirty one staff provide a domiciliary care services to seventy four service users. These service users live in their own homes in 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 needs. The South Eastern Health and Social Care Trust 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: Service Manager | Date manager registered: 18 November 2015 |

4.0 Inspection summary

An unannounced inspection took place on 4 September 2018 from 09.45 to 16.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The staff members spoken with during the inspection provided valuable feedback in terms of the performance of the agency.

Evidence of good practice was found in relation to; the ongoing drive for continuous quality improvement through seeking the views of service users via satisfaction surveys, audits conducted and monitoring/review of care provided. There was evidence from staff that there were very good working relationships within the agency.

Two areas requiring improvement were identified, one relating to the frequency staff receive supervision. Staff did not appear to receive supervision as frequently as outlined in the agency's supervision policy. The other related to record keeping, staff had not consistently recorded each visit in the service users' records.

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 | 0 | 2 |

Details of the Quality Improvement Plan (QIP) were discussed with Miss Sammie-Jo Ward, the registered manager and the service 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.

5.0 How we inspect

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

- discussion with the service 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

During the inspection the inspector met with four staff members.

The following records were viewed during the inspection:

- Service Users' care records
- Risk Assessments
- Monthly Quality Monitoring reports
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Recruitment Policy and Staff recruitment records
- Induction Policy
- Training and Development Policy
- Supervision Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

As part of the inspection the User Consultation Officer (UCO) spoke with four service users and eight relatives, either in their own home or by telephone, on 3 September 2018 to obtain

their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- management of medication
- personal care
- meals
- sitting service

The UCO also reviewed the agency's documentation relating to four service users.

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

At the request of the inspector, the service manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No questionnaires were completed.

The inspector requested that the service manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 May 2017

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 25 May 2017

| Areas for improvement from the last care inspection | | |
|--|---|--------------------------|
| Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007. | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 13 (c) (d) Stated: First time | 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 | Met |
| | Action taken as confirmed during the inspection: The inspector viewed four staff recruitment files each contained the information as specified in Schedule 3. | |

| | | |
|---|--|---|
| <p>Area for improvement 2</p> <p>Ref: Regulation 23.</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.</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>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed three monthly monitoring reports each contained evidence of evaluation of the quality of the services which the agency provides. The reports contained evidence there had been consultation with service users and/or their representatives. The reports outlined actions to improve the quality of services.</p> | <p style="text-align: center;">Met</p> |
|---|--|---|

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 processes in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

The inspector examined a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed. Records reviewed evidenced staff members' registration with NISCC and the service manager described the system in place to review staff renewal of registration.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there are recruitment systems in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed.

The agency's training and development policy outlines the induction programme lasting in excess of the three day timescale as required within the Domiciliary Care Agency Regulations. A record of the induction programme provided to staff is retained by the agency; four records viewed by the inspector detailed the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles. Records viewed by the inspector were satisfactory. The service manager stated they do not use agency staff, the agency's staff work additional hours to cover.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector viewed four individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff had not received supervision in accordance with the agency's policies and procedures. An area for improvement has been stated. Staff who spoke to the inspector could describe the benefits of individual supervision, group supervision and appraisal.

The inspector viewed the agency's staff training matrix and noted that the record indicated that staff had completed relevant mandatory training. Staff who spoke to the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The service manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has recently updated their policy and procedures to reflect information contained within the policy. The agency had identified a safe guarding champion and the staff spoken to during the inspection were aware who this is.

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 are required to complete safeguarding vulnerable adults training during their induction programme and in addition complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to adult safeguarding.

The inspector viewed the agency’s records maintained in relation to adult safeguarding. From discussions with the service manager and records viewed it was identified that the agency maintains a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are recorded.

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Down Community Care. One issue raised with the UCO relating to the identification of tissue damage was discussed with the registered manager and service manager during the inspection. Discussions with the service manager and records available indicated the change in the service users skin had been reported to the district nurse. The training records viewed indicated staff had all received training relating to pressure area care. The new carers are usually 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 care given 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:

- “Absolutely terrific.”
- “Couldn’t do without them.”
- “Look forward to them coming.”

The agency’s registered premises include a suite of offices and staff facilities which were suitable for the operation of the agency as set within the Statement of Purpose.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection relating to the frequency of staff supervision. Staff had not received supervision in accordance with the agency’s current policy.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 1 |

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 appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was identified from records viewed during inspection that they were maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed during the inspection were retained securely and in an organised manner. The inspector noted that staff had received training relating to record keeping and confidentiality during their induction programme.

Staff could describe the procedure for ensuring that service users are encouraged and supported to be effectively engaged in the care planning process. From care plans viewed it was noted that service users are encouraged to sign their care plan to indicate that they have agreed the care to be provided.

The inspector noted that there are arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector viewed the records of several monthly monitoring reports and service user quality monitoring visits completed and the action plans developed; and noted that they indicated that the process is robust.

Staff spoken with on the day of inspection advised that care plans were provided within each service user's home by the commissioning trust and that staff carry out the prescribed care. Any issues or concerns arising were reported to the agency via the "on call" service. Staff confirmed that they were always notified of any changes to the agreed care plan prior to the visit. For example, visit time change, more than one staff needed, moving and handling issues. Staff also demonstrated a clear understanding of the reporting procedure if they were delayed in the undertaking of the agreed visit time.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding 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. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Down Community Care were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place or they had received a questionnaire from the agency.

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

- “It’s reassuring to know that someone always calls and checks I’m ok.”
- “Have never let me down.”
- “I would be anxious if it’s a new carer but they put me at ease.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to four service users. There was an issue relating to the log sheets, in a small number the staff had not recorded some of their visits this was discussed with the registered manager, who agreed to remind staff to ensure all records are accurate and up to date.

Staff meetings are facilitated; it was noted that staff are required to sign the minutes of the meetings to indicate that they have read and understood the areas discussed and the information provided.

The service manager confirmed there were arrangements in place to monitor, audit and review the quality of the service delivered to service users at appropriate intervals throughout the year. For example: annual service user quality satisfaction questionnaire, desk top telephone feedback from service users, supervision visits to the service user’s home, care staff spot check visits and service user care reviews. Records of audits conducted and monitoring visits undertaken were retained alongside analysis of findings with action taken to address issues arising. In addition feedback on the quality of care provided was sought from commissioning trust professional staff. The analysis of feedback from service users on the overall quality of care provided by Down Community Care was positive.

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 was one area for improvement identified during the inspection relating to staff recording each visit in the service users’ file.

| | 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.

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

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 and questionnaires to ensure satisfaction with the care that has been provided by Down Community Care. Examples of some of the comments made by service users or their relatives are listed below:

- “No issues at all.”
- “We have developed a great rapport with each other.”
- “Only nice things to say about them.”

Staff who met with the inspector advised that they were always provided with details of the care to be provided for each new service user or any changes to the care of existing service users. Staff demonstrated good understanding of how core values form an important component of care provision including; privacy, dignity, independence, choice, rights and fulfilment.

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 |

6.7 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 reviewed management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented systems of management and governance. The agency is managed on a day to day basis by the service manager; they could clearly describe the process for obtaining support and guidance from a senior manager within the organisation.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards. Staff could describe the procedure for accessing the agency’s policies and procedures. A range of the agency’s policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The inspector noted that the agency has a systematic approach in reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the service manager that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly and quarterly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy records the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. 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. No complaints were raised regarding the agency or management.

During the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. The service manager and staff who spoke to the inspector could describe the benefits of reviewing the quality of the services provided and of identifying areas for improvement.

The inspector viewed records which indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives and relatives. From quality monitoring records viewed the inspector noted positive feedback received the HSCT representatives regarding the ability of the agency to work in partnership.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had a clear understanding the responsibilities and requirements of their job roles; service users were aware of staff roles and knew who to talk to if they had a concern and described an 'open door' arrangement. Staff demonstrated that they had an understanding of the agency's whistleblowing policy and could clearly describe the procedure for obtaining support and guidance including the arrangements for out of hours. Staff who met with the inspector stated that the manager is supportive and approachable.

The service manager stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) as appropriate; it was noted that a record is maintained by the agency which records registration details and expiry dates. Discussions with the service manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The service manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

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 Sammie-Jo Ward, the registered manager and the service 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 Minimum Standards, 2011

| | |
|---|--|
| <p>Area for improvement 1</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p> | <p>The registered person shall ensure all records are legible, accurate, and up to date and signed by the person making the entry.</p> <p>Response by registered person detailing the actions taken: The registered manager will ensure 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.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from date of inspection</p> | <p>The registered person shall ensure staff have recorded supervision meetings in accordance with the agency's procedures.</p> <p>Response by registered person detailing the actions taken: The registered manager will ensure 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.</p> |

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



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