



Down Community Care  
RQIA ID: 11202  
Unit 5,  
Cloona Business Centre  
30 – 31 Colin Road  
Belfast  
BT17 0LG

Inspector: Caroline Rix  
Inspection ID: IN021309

Tel: (028) 9062 0002  
Email: [downcommunitycare@myrainbowmail.com](mailto:downcommunitycare@myrainbowmail.com)

---

**Unannounced Care Inspection  
of  
Down Community Care**

**23 April 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on **23 April 2015** from 09.15 to 15.45. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

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

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Down Community Care/Susan Virginia Ward	<b>Registered Manager:</b> Sammie-Jo Ward
<b>Person in Charge of the Home at the Time of Inspection:</b> Sammie-Jo Ward	<b>Date Registered:</b> 06/09/2010
<b>Number of service users in receipt of a service on the day of Inspection:</b> 78	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

- Theme 1 - The views of service users and their carers / representatives shape the quality of services provided by the agency
- Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services

## 4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Records of notifiable events
- User Consultation Officer (UCO) report

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

- Discussion with the registered manager
- Consultation with staff
- Discussion with a HSC trust professional
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and four relatives, either in their own home or by telephone, on 21 and 22 April 2015 to obtain their views of the service. The service users interviewed live in Dunmurry and surrounding areas, and receive assistance with the following:

- Management of medication
- Personal care
- Meals

The findings from their feedback have been included within the body of this report.

During the inspection the inspector met with two care staff.

The following records were examined during the inspection:

- Four care plans and risk assessments
- HSC Trust referrals with timetables of services
- Service user agreements
- Care review, quality monitoring visit/ survey feedback records
- Four service user contact logs
- Monthly monitoring reports for December 2014, January and February 2015
- Annual quality review report for 2014
- Compliments log and records for 2014/2015
- Complaints log and records for 2014/2015
- Notification of incidents log and record for 2014/2015
- Staff meeting minutes for October and December 2014 and March 2015
- Staff handbook
- On-call communication record
- Staff duty rota for week commencing 20 April 2015
- Staff training records
- Four staff monitoring/supervision records

## **5. The Inspection**

Down Community Care is a conventional domiciliary care agency based in Cloona Oasis Centre, 30-31 Colin Road, Belfast, BT17 0LG. Under the direction of the registered manager Sammie-Jo Ward and the service manager Maura McLaughlin, a staff of 26 provides 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. Staffs 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 old age and infirmity, learning disability, physical disability and / or mental health care needs. The South Eastern Health and Social Care Trust commission these services.

### **Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the Down Community Care was an unannounced care inspection dated 10 April 2014. The completed QIP was returned and approved by the care inspector.

## 5.1 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 21(2)	The acting manager is required to ensure relevant risk assessments are in place within all service users home held files.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The records viewed within service users homes confirmed that relevant risk assessments and up to date care plans were in place. Records reviewed within the office found a system of on-going monitoring of home file contents is in operation.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 15	The acting manager is required to expand their Handling of service users' money procedure to include the occasional purchase of small grocery items such as milk or bread for service users.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The Handling service users' money procedure dated April 2014 was reviewed and found to contain clear guidance for staff in relation to emergency shopping for service users. Records verified that staff had been provided with a copy of their revised procedure.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Minimum Standard 5 & 9.1	The acting manager is recommended to develop a policy and procedure on recording and reporting in line with Standard 5. The agency is recommended to ensure all staff is provided with this updated information.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that the agency had developed a recording and reporting procedure, revised January 2014, which had been provided to all staff by April 2014.	

<p><b>Recommendation 2</b></p> <p>Ref: Minimum Standard 9.3</p>	<p>The acting manager is recommended to develop all the policies and procedures within appendix 1: these should be centrally indexed and compiled into one manual. These policies and procedures should be cross referenced with Standard 9.1 Appendix 1.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Records evidenced that in May 2014 a policy and procedure manual had been compiled, containing the recommended policies and procedures with an alphabetical index, cross referenced to appendix 1.</p>		
<p><b>Recommendation 3</b></p> <p>Ref: Minimum Standard 13.5</p>	<p>The acting manager is recommended to complete an appraisal with the service manager to review her performance against her job description and agree a personal development plan in accordance with their procedure.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Records evidenced that the service manager has received an appraisal in June 2014 in line with their procedure.</p>		

## 5.2 Theme 1: The views of service users and their carers / representatives shape the quality of services provided by the agency

### Is Care Safe?

Service user referral information received from HSC Trust care managers contained limited information regarding service user and/or representative's views. The referrals detailed the timetable of services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visit at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. During discussion with the UCO it was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews.

The UCO was advised that new members of staff are usually introduced to service users by a regular carer; this was felt to be important both in terms of service user's security and the carer's knowledge of the required care.

The documentation relating to three service users were reviewed by the UCO during the home visits. All of the files examined contained copies of the service user's care plan and risk assessments; these were up to date and included basic information regarding the service user's

condition. One issue in relation to the signing of the agency's log sheets was identified and discussed with the registered manager during the inspection.

Example of a comment made by a service user or their relative below:

- "Excellent crowd. Couldn't say a bad word about them."

Staffs interviewed on day of inspection were able to describe aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

Overall on the day of the inspection we found the care to be safe.

### **Is Care Effective?**

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Down Community Care.

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues did arise and management visits take place on a regular basis to discuss the care being provided.

Service user records viewed in the agency office evidenced regular visits and feedback received had been followed up. These records evidenced that the agency carries out care reviews with service users at least twice a year, or when changes to their needs were identified. The agency maintains a communication log for each service user where details of requests for changes are noted along with actions taken. Subsequent records viewed confirmed requests had been accommodated by the agency or forwarded to the care manager for their consideration.

Staff records viewed confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis, most recently during March 2015. No staff practise issues were identified during these spot checks and records noted positive comments received from service users/relatives regarding staff e.g. 'great worker', 'always on time.' However during UCO interviews, the people interviewed were unable to confirm that observation of staff practice had been carried out in their home or that they had received questionnaires from the agency. This was discussed with the registered manager during the inspection.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence, choices and respect.

The complaints records sampled during inspection were found to be appropriately detailed and demonstrated the actions taken to resolve the matters in a timely manner.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided and these had been shared with staff at team meetings and individually.

The most recent monthly monitoring reports reviewed evidenced working practises are being systematically reviewed.

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

- “Couldn’t speak highly enough of them.”
- “I couldn’t complain at all.”

Overall on the day of the inspection we found the care to be effective.

### **Is Care Compassionate?**

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Down Community Care. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate.

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included an understanding of dementia and how to encourage the service user, and working with service users with limited verbal communication and mobility.

It was good to note that service users or their representatives are given the opportunity to comment on the quality of service during home visits.

Example of a comment made by a service user or their relative below:

- “There’s great carry on between the girls and my XXX.”

During the inspection the inspector met a professional from the referring South Eastern HSC Trust physical disability team. She provided positive feedback on the quality of service being provided to their service users, in particular to those with complex needs. Communication between the agency and the trust team was described as ‘excellent’.

Both staff interviewed confirmed that service users’ views and experiences are taken into account in the way service is delivered.

Overall on the day of the inspection we found the care to be compassionate.

### **Areas for Improvement**

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------



### **5.3 Theme 2: Management systems and arrangements are in place that support and promote the quality of care services**

#### **Is Care Safe?**

A range of management systems, policies and processes relating to communication channels with service users and their relatives were viewed. These included daily contacts, on call arrangements and management of missed calls. Where relevant, records confirmed that information had been communicated to the commissioning trust via telephone calls and emails.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. There was also no problem with calls being missed by the agency.

Overall on the day of the inspection we found the care to be safe.

#### **Is Care Effective?**

Management of late calls and changes to service user needs were reviewed during inspection as taking place and had been evidenced as appropriately managed. Records evidenced that where late calls or poor timekeeping had been identified, the staff involved had been appropriately managed through supervision and/or disciplinary action to address the issues. The registered manager confirmed that ongoing staff monitoring ensures these issues are not repeated.

The registered manager explained that the agency had not missed any service user's calls. The on-call log viewed evidenced that on occasions, calls were noted as 'missed' when in fact the service user had not been home, but the agency had not been informed by the trust care manager/ hospital social worker or family.

The registered manager explained they had reviewed their staff duty rota allocation and are planning to introduce a new system, with agreement from staff teams, in summer 2015. This was expected to improve consistency of staff who visit each service user.

Staff interviewed confirmed that they felt supported by senior staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home.

Overall on the day of the inspection we found the care to be effective.

#### **Is Care Compassionate?**

During UCO contacts, no concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

Overall on the day of the inspection we found the care to be compassionate.

## Areas for Improvement

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
-------------------------------	----------	--------------------------------	----------

### 5.4 Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with no reports received during the past year. Review of their serious incidents log confirmed two reports had been received relating to service users challenging behaviours. These records evidenced they had been appropriately recorded and report to the referring HSC Trust within appropriate timeframes.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the Down Community Care agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the Down Community Care.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Sammie Jo Ward	<b>Date Completed</b>	23.6.15
<b>Registered Person</b>	Susan Virginia Ward	<b>Date Approved</b>	23.6.2015
<b>RQIA Inspector Assessing Response</b>	<b>Caroline Rix</b>	<b>Date Approved</b>	<b>9/09/2015</b>

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and return to RQIA [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) \**