

Announced Care Inspection Report 23 October 2018



Jark Downpatrick Ltd

**Address: Unit 25/26 Down Business Park, 46 Belfast Road, Downpatrick,
BT30 9UP**

Tel No: 02844839996

Inspector: Jim Mc Bride

User Consultation Officer: Clair Mc Connell (UCO)

Observer: Mrs Theresa Nixon Director of Assurance

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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

Jark Healthcare is a domiciliary care agency which provides a range of services such as personal care, meals, sitting services and community outreach to people living in their own homes.

3.0 Service details

Registered organisation/registered person: Jark Healthcare Mrs Danielle Theresa Mahon	Registered manager: Mrs Clare Marie Parks
Person in charge of the agency at the time of inspection: Mrs Clare Marie Parks	Date manager registered: 20 October 2010

4.0 Inspection summary

An announced inspection took place on 23 October 2018 from 09.15 to 14.45.

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.

Staff:

The observer spoke to four staff about their training experiences with Jark. Staff are not permitted to practice until they have completed all of their mandatory training and are deemed to be competent following observation of carrying out their duties safely and shadow other staff to enable them to achieve a competent level of practice.

The training offered to staff on the day of inspection was comprehensive and varied in terms of first aid and immediate care that is required if someone needs first aid assistance.

The session was very interactive. Staff were empowered to ask questions. Staff had 3 days training and 2 days on site. Staff indicated that the training becomes more 'real' when they experience having to respond to situations in practice.

A training manual was made available for staff to consult if required and a manual is available in the office. Jark have their own dedicated trainer who is always available to give advice and guidance to staff as required.

Staff can be supported by the agency to receive their Diploma through DETI if under 25 years of age. Jark have assisted 7 successful apprenticeships over the past 3 years to achieve their Diploma through this route.

Evidence of good practice was found in relation to service quality, care records and staff training and induction. This was supported through review of records at inspection and during feedback from service users, relatives and staff by the UCO and inspector.

As part of the inspection the User Consultation Officer (UCO) spoke with five service users and six relatives, either in their own home or by telephone, on 28 and 29 August 2018 to obtain their views of the service. The service users interviewed receive assistance with the following:

- Personal care
- Meals
- Sitting service

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

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.

The inspector and user consultation officer would like to thank the manager, service users and staff of the agency for their co-operation throughout the inspection.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in one area for improvement being identified.

Area for improvement:

The registered person shall keep under review and, where appropriate, revise the statement of purpose and the service user guides.

Findings of the inspection were discussed with Mrs Clare Marie Parks, registered manager and Mrs Danielle Mahon Registered provider, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 6/12/17

No further actions were required to be taken following the most recent inspection on 23/10/18.

5.0 How we inspect

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

- Previous inspection report and quality improvement plan (QIP)

- Record of notifiable events for 2017/2018
- Records of complaints notified to the agency
- All communication by RQIA with the agency
- User Consultation Officer (UCO) report.

During the inspection the inspector met with the manager and responsible person to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; one response was received. Staff survey results show that staff were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

The following records were examined during the inspection:

- Six service user records in respect of referral, assessment, care plan and review
- Six service user records of the agency quality monitoring contacts
- Six staff recruitment and induction records
- Staff training schedule records including:
 - Safeguarding
 - Health and safety
 - Infection control
 - Manual handling
- Staff supervision and appraisal date records
- Complaints log and records
- The agency's statement of purpose (2018)
- The agency's service user guide (2018)
- Policies and procedures relating to: safeguarding and whistleblowing.
- Record of incidents reportable to RQIA in (2017/2018).

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6/12/17

The most recent inspection of the agency was an announced 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 06 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 13.3 Stated: First time To be completed by: Immediate from the date of inspection	The registered person shall ensure staff have recorded formal supervision meetings in accordance with the agency’s policy and procedures.	Met
	Action taken as confirmed during the inspection: The inspector noted a number of supervision records in place. The current documentation in place is in line with the agency’s own policy, and meets the required standard.	
Area for improvement 2 Ref: Standard 14.1 Stated: First time To be completed by: 6 January 2018	The registered person shall ensure that the procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC trust.	Met
	Action taken as confirmed during the inspection: The current documentation in place was satisfactory and meets the required standard.	

Area for improvement 3 Ref: Standard 14.5 Stated: First time To be completed by: Immediate from the date of the inspection.	The registered person shall ensure that all suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with the procedures.	Met
	Action taken as confirmed during the inspection: The current documentation in place was satisfactory and meets the required standard.	

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 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 Jark Healthcare. New carers are usually introduced to the service user by a regular member of staff or supervisor; 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 and use of equipment. 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:

- "Wouldn't want to lose Jark."
- "Absolutely brilliant."
- "Would give them 100%."

An induction programme had been completed with each staff member that included competency assessments. It was good to note that documentation was in place relating to the shadowing shifts completed by each new staff member.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. Records in place evidenced that all current staff are registered with The Northern Ireland Social Care Council (NISCC).

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and

Protection in Partnership’. The manager is named as the agency’s Adult Safeguarding Champion with key responsibilities detailed in their procedure in line with required guidance.

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.

Staff training records viewed for 2017/2018 confirmed that records were available for all care workers showing the required mandatory updates and training. Feedback from the manager indicated that staff have attended a range of training necessary to meet the needs of service users.

The agency’s supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal.

The agency’s registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the statement of purpose (2018).

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction and training and effective communication with service users.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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 advised that they were usually 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 care required.

No issues regarding communication between the service users, relatives and staff from Jark Healthcare 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 they had received a questionnaire from the agency.

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

- “Couldn’t give them enough praise.”
- “Would be lost without them.”
- “No issues with the care.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to five service users and it was noted that one care plan contained out of date information.

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 included 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 relatives’ views had been obtained and where possible, incorporated.

Service user files contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans. The manager confirmed that the agency is provided with details of the care planned for each new service user or with changes to existing service users’ care plans.

Areas of good practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

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

- “Nice girls and good natured.”
- “We love to see them coming.”
- “Couldn’t be nicer.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through their own annual quality survey. A number of records were reviewed by the inspector.

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 manager. Records of monthly quality monitoring regulation (23) were available. The inspector noted some of the comments made by service users relating to the quality of service provision:

- “Very caring and respectful.”
- “I’m treated very well.”
- “Could not complain.”
- “I’m well pleased with everything that’s done for me.”
- “I hope they can keep coming they are very pleasant.”
- “Staff are great and are a credit to the company.”

It was clear from the reports available for inspection that the representative of the registered provider had sought the views of service users, staff, relatives and HSC Trust staffs views on the quality of service provision. The agency completed an annual quality survey in 2018 and gave the service users the opportunity reflect on the quality of service provided in relation to the following:

- Punctuality of carers
- Reliability of carers
- Do carers stay their full time?
- How polite are our carers?
- Are our carers suitably dressed?
- Do carers treat you with respect and dignity?
- Do our carers listen to how you want things done?
- Have you got a Jark Care folder?
- Are you contacted if carers are going to be late?
- Complaints.

The feedback suggests that most people were satisfied with the service.

The manager described aspects of care provision which reflected staffs understanding of service users’ choice, dignity, and respect. The manager demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

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. Staff discussions and discussion with service users and relatives supported good practice in the area of compassionate care.

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.

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

The organisational and management structure of the agency are outlined in the Statement of Purpose; it details lines of accountability. Discussion with the manager indicated she understood the organisational structure within the agency and her role and responsibilities. The manager gave a comprehensive overview of the service.

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; it was noted that they are retained and available in hard copy manuals. 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 agency's complaints procedure viewed was found to be in line with regulations and standards. 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.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

The agency facilitates staff meetings that allow for the exchange of information. The inspector highlighted some of the areas for discussion at meetings:

- Supervision
- Spot checks
- Quality monitoring
- Training
- Compliance
- Daily notes
- Rotas
- Medication
- Individual care plans
- Attitude /Behaviours.

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 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
- Individual risk assessment.

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

Area for improvement:

The registered person shall keep under review and, where appropriate, revise the statement of purpose and the service user guides.

One area for improvement was identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	1	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 Mrs Clare Marie Parks, registered manager and Mrs Danielle Mahon Registered provider, 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 Regulations (Northern Ireland) 2007 and 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 Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 7 (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the inspection date.</p>	<p>The registered person shall keep under review and, where appropriate, revise the statement of purpose and the service user guides.</p> <p>This area for improvement relates to the current documents in place that require reviewed In line with relevant local information. Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Service user guides and statement of purpose update by responsible person October 2018</p>



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews