

# Unannounced Care Inspection Report 06 December 2017



## Jark Healthcare

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

**Tel No: 02844839996**

**Inspector: Lorraine O'Donnell**

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

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

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

### 4.0 Inspection summary

An unannounced inspection took place on 6 December 2017 from 10.00 to 15.30.

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.

Evidence of good practice was found in relation to:

- Staff recruitment
- Staff induction and training
- Service user engagement

Areas requiring improvement were identified relating to the frequency of staff supervision, staff must receive supervision as stated in the agency's supervision policy. The Adult Safeguarding policy required updating to reflect the regional "Adult Safeguarding Prevention and Protection in Partnership' policy (July 2015). The agency is required to report vulnerable adult concerns in a timely manner to the HSC Trust.

The comments of staff and service users have been included in the relevant report sections.

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 would like to thank the service users, relatives and agency staff for their support and co-operation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Marie Parks, the registered 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.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 7 July 2016**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 July 2016.

#### **5.0 How we inspect**

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

- Discussion with the manager at the time of inspection
- 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

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and seven relatives, either in their own home or by telephone, on 28 and 29 September 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

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

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

During the inspection the inspector met with three staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff recruitment and induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

Feedback received by the inspector during the course of the inspection is reflected throughout this report. RQIA did not receive any completed staff questionnaires following the inspection.

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 7 July 2016**

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 07 July 2016

Areas for improvement from the last care inspection		Validation of compliance
<b>Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 16 (5) (b) <b>Stated:</b> First time	Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that – (i)The new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is suitably qualified and competent person; (ii)(a member of staff who is suitably qualified and experienced, is appointed to supervise the new worker; (iv)Subject to the consent of the service user, the staff member makes arrangements to observe on at least one occasion, the new worker carrying out his duties.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed four staff files, staff training records and spoke with three staff which confirmed that they are accompanied by another suitably qualified and competent domiciliary care worker following their induction training. The records indicated staff were observed and assessed carrying out their duties.	
<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12.9 <b>Stated:</b> First time	The effect of training on practice and procedure is evaluated as part of quality improvement (to include the registered manager training competence)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed several staff training records including those of the manager which confirmed training had been evaluated and competencies assessed.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>Stated:</b> First time</p>	<p>Policies and procedures as identified in appendix 1 are in place and in accordance with statutory requirements.</p> <p>(regarding mandatory training details within the agency 'Training and development' policy and revision of the 'Management, control and monitoring of the agency' policy</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed the agency's "Training and development policy" and "Management, control and monitoring of the agency's policy" and confirmed they were in place in accordance with statutory requirements.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.9</p> <p><b>Stated:</b> Second time</p>	<p>Mandatory training requirements are met.</p> <p>(regarding induction and update training in the areas of challenging behaviour and service user monies)</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed the agency's training records which indicated that mandatory training requirements were met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p>	<p>The policy and procedures detail the arrangements for and frequency of supervision and appraisal.</p> <p>(regarding timeframes and procedures for supervision)</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The policy and procedures detailing the arrangements for and frequency of supervision and appraisal was viewed by the inspector during the inspection. This policy outlined the timeframes and procedures for supervision. However, the manager stated this policy had been updated.</p>		



<b>Area for improvement 5</b> <b>Ref:</b> Standard 8.12 <b>Stated:</b> Second time	The quality of services provided is evaluated on at least an annual basis and follow-up action taken/Key stakeholders are involved in the process.  (regarding staff and commissioner involvement)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the results of the agency's annual survey dated December 2016, which contained evidence that staff and commissioners participated in the survey.	

### 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. 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 robust recruitment systems in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed. The manager could describe the process for obtaining confirmation that new staff are available to commence employment.

The agency's training and development policy outlines an induction programme consisting of three days. The staff confirmed after the classroom based induction they had a period of work shadowing. A record of the induction programme provided to staff is retained by the agency; 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. The manager confirmed staff are registered with NISCC.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff received annual appraisal, however, they did not receive supervision in accordance with the frequency outlined in the available agency's policies and procedures. The manager stated this was not the most up to date policy and forwarded another policy to the inspector after the



inspection. Staff who spoke to the inspector could describe the benefits of individual supervision, group supervision and appraisal.

Staff were aware of their responsibility for ensuring that they had the skills and knowledge to fulfil their job roles and for ensuring that required training updates are completed. It was noted that staff were required to complete required mandatory training and in addition a range of training specific to the needs of individual service users.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and could identify the Adult Safeguarding Champion. An up to date adult safeguarding policy was not available during the inspection. Discussions with staff 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. Discussions with manager indicated that the agency had not consistently acted in accordance with their policies and procedures when dealing with allegations of abuse. The manager informed the inspector of a potential safeguarding incident which they had discussed with the relative of the service user, however, they had not reported the incident to the HSC Trust. During the inspection the manager reported this concern to the HSC Trust as a potential vulnerable adult concern.

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 the registered manager; 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 provided 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:

- "No complaints at all."
- "Peace of mind for the family."
- "Very happy with the care."

### **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**

Areas for improvement were identified during the inspection relating to supervision, as staff had not received supervision in accordance with the frequency outlined in the agency's policies and procedures and the Adult Safeguarding policy was not in line with the regional 'Adult Safeguarding Prevention and Protection in Partnership' policy (July 2015). The agency had not reported a vulnerable adult concern in a timely manner to the HSC Trust.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 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.

Service user records viewed on the day of inspection included referral information received from the relevant 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 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's management had carried out care review meetings with service users/relatives to ensure service user's needs were being met. Staff explained that agency staff are usually invited to attend the commissioning trust's arranged care review meetings with service users/relatives. They confirmed they receive an amendment form from the HSC Trust detailing any agreed change to the original care plan. 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 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 quality monitoring visits completed by a senior manager and the action plan developed; and noted that they indicated that the process was robust. Records of quality monitoring visits viewed were noted to include comments made by service users, and where appropriate their representatives. The records included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements and record keeping.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to the manager if any changes to service users' needs were identified.

The UCO was informed by the service users and relatives interviewed that they had 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. In most instances service users are introduced to new carers by a regular carer or the registered manager.

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 in addition to receiving questionnaires from the agency to obtain their views on the service.

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

- “They’re flexible to suit the needs of the family.”
- “Working well for us. Great service.”
- “Would give them 100%.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to three service users and no concerns were noted.

**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**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.**

From a range of documentation viewed the inspector noted that the agency record comments made by service users and/or their representatives. Systems for effectively engaging and responding to the comments and views of service users and were appropriate representatives are maintained through the agency’s complaints process; quality monitoring visits; care review meetings; stakeholder and service user satisfaction surveys. It was identified from records viewed that the agency’s quality monitoring process assists in the evaluation of the quality of the service provided and in identifying required learning outcomes and areas for improvement.

It was confirmed that the agency could provide a range of information in an alternative format to support service users to meaningfully engage in decisions about their individual 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.

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:

- “Good girls.”
- “Couldn’t be nicer.”
- “XXX is confused so likes the familiar face.”

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.

**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
<b>Total number of areas for improvement</b>	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 organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had a clear understanding of their responsibilities and who to talk to if they had a concern; they 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 participated in the inspection stated that the manager is supportive and approachable.

Three support staff spoken with 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 manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted from records viewed that all staff are registered with NISCC.

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 complaints log was viewed for 2016-2017 to date. Review of complaints during inspection supported appropriate processes are in place for complaints review and resolution.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed the monthly monitoring reports from August 2017 to October 2017. The reports contained sufficient evidence that the registered person evaluates the quality of services provided in accordance with minimum standards. Feedback provided to the inspector 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 HSCT representatives regarding the ability of the agency to work in partnership.

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 had been made regarding the service however it was noted that there appears to be high turnover of staff. This was discussed with the manager who confirmed that recruitment was ongoing.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Mrs Marie Parks, the registered 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection	<p>The registered person shall ensure staff have recorded formal supervision meetings in accordance with the agency's policy and procedures.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            As per policy staff will receive one supervision, appraisal, spot check and a member assessment annually.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 14.1  <b>Stated:</b> First time  <b>To be completed by:</b> 6 January 2018	<p>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.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Policy updated in accordance with DHSSPS guidance, registered person will review and update as needed</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 14.5  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection.	<p>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.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All staff aware that all suspected, alleged or actual incidents of abuse are report in a timely manner and to the relevant. Registered person to monitor this when completing Monthly reports.</p>

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





The **Regulation** and  
**Quality Improvement**  
Authority

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

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews