

Announced Care Inspection Report 6 January 2020



North Down & Ards

Type of Service: Domiciliary Care Agency
Address: 10 Church Street, Newtownards, BT23 4AL
Tel No: 02891510268
Inspector: Jim McBride

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

Domiciliary Care Services (North Down & Ards) is a domiciliary care agency located in the North Down area. The agency's aim is to provide care to meet the individual assessed needs of people in their own homes.

3.0 Service details

Organisation/Registered Provider: SEHSCT Responsible Individual: Seamus Mc Goran	Registered Manager: Nicola Donnelly (Acting)
Person in charge at the time of inspection: Nicola Donnelly	Date manager registered: Acting

4.0 Inspection summary

An announced inspection took place on 6 January 2020 from 09.30 to 12.00.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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 throughout the inspection in relation to recruitment and induction, adult safeguarding, involvement of service users, collaborative working and staff registrations with the Northern Ireland Social Care Council (NISCC). The care records were maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted the provision of care to the service users with dignity and respect and maximising their independence.

It was clear that the agency promotes the service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

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 comments:

- “Good induction and training.”
- “We provide individual quality care.”
- “We get to know the service users and they get to know us well.”
- “Fantastic management support.”
- “Good supervision with managers.”
- “The team communicate well with each other.”

Service user/relatives comments:

- “Great staff they are all so friendly.”
- “They all come on time and stay their allocated time.”
- “They are all caring and supporting.”
- “I have no concerns to raise about the staff.”
- “They are helpful and are hard workers.”

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	0

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

4.2 Action/enforcement taken following the most recent care inspection dated 24 January 2019

The completed QIP was returned and approved by the care inspector.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 January 2019.

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 RQIA inspection report and quality improvement plan (QIP)
- notifications of incidents
- all correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the manager and two staff.

Following the inspection the inspector made telephone contact with three service users. All responses are reflected in the report.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to in the body of the report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives; two responses were returned showing clear satisfaction levels. Analysis and comments are included within the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

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

The inspector would like to thank the registered manager, service users and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 24 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23.-(1)(5) Stated: First time To be completed by: Immediate and ongoing from the date of inspection.	(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.	Met
	(5) The system referred to in paragraph (1) shall provide for the consultation with service users and their representatives. Ref: 6.5	
	Action taken as confirmed during the inspection: The Operations Manager has addressed the	

	inaccuracy of the reports with the manager undertaking the monthly provider visits. The manager will complete the report on the same day as the visit to ensure up to date accurate information.	
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6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The inspector reviewed six personnel records of staff. These records confirmed that the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3.

Discussion with the manager confirmed that a record of the induction programme provided to staff is retained; the inspector viewed three individual staff induction records. These evidenced that staff received an induction lasting a minimum of three days which included topics such as safeguarding vulnerable adults.

Discussions with the manager and staff on the day of inspection confirmed that the induction process was appropriate and provided them with the knowledge and skills to fulfil the requirements of their job role.

The inspector reviewed the agency's training plans. The inspector noted that a number of mandatory training had been completed by staff.

Discussion with staff on the day of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans.

The inspector reviewed reporting and management of incidents occurring within the service. The manager maintained a record of all incidents and accidents which had been audited on a monthly basis by the monitoring officer. A review of a sample of records evidenced that, appropriate management of incidents and follow up actions, including liaison with service users' relatives and the SEHSCT representatives was undertaken. Staff spoken with on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk the ability to balance risk with the wishes and human rights of individual service user and the importance of reporting any issues to the registered manager/management team in a timely manner. Staff commented: "management are approachable."

Discussions with the manager and a review of the agency's safeguarding policy established that the agency have embedded the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 into

practice. The manager demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. The agency had an Adult Safeguarding Champion (ASC) identified.

Discussions with staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and taking appropriate and timely action when service user's rights are at risk of being breached and maintaining safeguarding records. The inspector noted that staff had completed adult safeguarding training.

A discussion took place with the manager in relation to the ASC completing an adult safeguarding position report by 31 March 2020. This can be reviewed at the next inspection.

Staff demonstrated knowledge of how to escalate any concerns with respect to service users' wellbeing. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns about poor practice, and were confident of an appropriate management response. Discussions with staff evidenced that they were empowered to speak up about poor practice through the management arrangements.

Staff presented as knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and wishes are taken into account. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency's Statement of Purpose and Service User Guide.

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with data protection requirements and the records were organised and clearly indexed.

The review of six care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and yearly care reviews with the relevant SEHSCT representative, service users and relatives as appropriate.

The documentation evidenced a transparency between the agency and service users/relatives regarding any assessed care/support needs and expectations. Service users were enabled to exercise the maximum amount of choice and control as possible in the care planning in their commissioned individual care arrangements with the agency.

The manager and staff spoke confidently regarding positive risk taking and the benefits this can have on service user's self-esteem and emotional wellbeing and the appropriateness of liaising with the multi-disciplinary team to ensure that service users had access to the relevant information and support to make informed decisions.

Staff described the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice.

The manager spoke confidently about managing risks to service users' wellbeing while maintaining their human rights and that any intervention is the least restrictive possible.

It was noted that the agency complete monitoring visits with service users/relatives. The records evidenced no concerns expressed by the service users/relatives during these monitoring visits. These visits identified that service users are valued as individuals and are listened to and what is important to them is viewed as important by the agency.

Comments received during monitoring visits:

- "All staff are chatty with me."
- "The staff are excellent and very caring."
- "I'm happy with the staff."
- "I'm very impressed with my carers."

The agency maintains daily records which were completed in line with policy and procedures.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection.

The manager and staff described effective communication systems in use within the staff team to ensure that staff received information relevant to the care and support of service users. Staff consulted with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff confirmed they had effective access to the management team via telephone including out of hours support.

The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with the manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. Staff identified the need to continually communicate with service users and staff were respectful of the fact they were working in service users' homes.

Staff spoke knowledgeably about the importance placed on recognising the individual needs of service users and how best to support each service user taking into account individual preferences.

Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality was maintained and consent obtained at all times. Staff acknowledged that service users require varying degrees of support with their care needs, they described how independence is promoted but when assistance is required this support is provided discreetly.

All of the service users consulted with by the inspector felt that care was compassionate. The service users advised that in general carers treat them with dignity and respect.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the agency's ethos of encouraging feedback from service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The current registration certificate was up to date and displayed appropriately. Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure. In addition, discussion with the manager confirmed that they had a good understanding of their role and responsibilities under the legislation. Feedback from staff evidenced that the manager fulfils their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. There was clear leadership provided by the manager and responsible person which resulted in a shared team culture, the focus of which was how they could do things better for service users.

Examination of records indicated that staff supervisions and KSF's were completed within the agency's policy and procedure.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff.

The manager demonstrated good awareness of the agency's complaints procedure. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure management were made aware of any complaints. A review of the agency's complaints records since the last inspection evidenced that the agency had received a number of complaints which were managed appropriately within policy and procedure.

It was positive to note that the agency had received a number of compliments via cards and the trust compliment pro-forma from service users/relatives.

The manager and responsible person evidenced a commitment to driving improvement in the service through provision of a consistent staff group to support service users. The manager described the importance placed on supporting and valuing staff to develop and improve skills and knowledge basis.

Discussion with the manager confirmed that staff meetings are planned on a regular basis. Records reviewed by the inspector evidenced this.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as, The Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are monitored by the manager. The manager advised that staff were aware that any lapse in their registration would result in the staff member being unable to work within the agency until their registration was suitably updated. The manager confirmed that all staff are currently registered.

There are robust, transparent systems in place to assess the quality of the service in relation to outcomes for people which includes feedback from people using the service and their representatives.

The inspector confirmed that monthly quality monitoring visit reports were available for review on the day of the inspection. Samples of reports evidenced consultation with service users, relatives, agency staff and SEHSCT representatives. The records demonstrated a quality improvement focus and a monthly audit of the conduct of the agency, including an action plan agreed with timescales for completion. The inspector noted some of the comments made by service users, staff, relatives and HSC Trust professionals.

Service users:

- “All is fine I can’t complain.”
- “Nothing is too much for the girls.”
- “I’m happy with the care and my call times.”

Staff:

- “The office managers are good with advice and support.”
- “All my training is up to date.”
- “My induction was good.”

Relatives:

- “I could not do without them.”
- “Good help with my ****.”
- “Good call times and care provided.”

HSC Trust:

- “No problems all queries answered.”
- “Staff are always more than helpful.”
- “Good communication in place.”

The manager advised the inspector of the process in place to monitor missed and late calls.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data provided is used effectively and with individual service user involvement to provide person centred care.

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

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- disability awareness

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and the management of complaints.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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