

Unannounced Care Inspection Report 11 April 2019



Quality Care Services

Type of Service: Domiciliary Care Agency
Address: 16 Win Business Park, Canal Quay, Newry, BT35 6PH
Tel No: 02830251205
Inspector: Jim McBride

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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

Quality Care Services Newry is a domiciliary care agency based in Newry. A staff team of 88 care workers provide care services to 200 service users in their own homes. The service users in the main are older people, but some have physical disabilities, learning disabilities and mental health care needs. The service users live in the Dungannon and Newry areas. The services provided range from personal care, practical and social support and includes sitting services. The services are commissioned by the Southern Health and Social Care Trust and the South Eastern Health and Social Care Trust (HSC trusts).

3.0 Service details

Organisation/Registered Provider: Quality Care Services Ltd Responsible Individual: Julie Hunter	Registered Manager: Ursula Monan (Acting)
Person in charge at the time of inspection: Ursula Monan	Date manager registered: Ursula Monan (Acting) from 22 February 2019

4.0 Inspection summary

An unannounced inspection took place on 11 April 2019 from 09.00 to 12.00.

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

As a public-sector body, RQIA has a duty 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 seek 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 staff training and development, adult safeguarding and risk management. The care records were well 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. There was evidence of good governance and management systems in place.

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 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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ursula Monan, manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- Previous RQIA inspection report
- Notifications of incidents
- All correspondence received by RQIA since the previous inspection.

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

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. Six were returned.

Comments included:

- "The care company provide satisfactory care."
- "Happy after changing to quality care. Staff and office lovely. I'm much happier."

Two respondents indicated areas of concern regarding staff turnover, but did not highlight any areas of concern regarding the service provided. This was discussed with a senior staff member on the 24 April 2019. The senior staff member has agreed to share this with the manager.

During the inspection process the inspector spoke with the acting manager and three care staff.

Staff comments:

- "Registration with NISCC has helped me with training and support."
- "Great management support."
- "All training is excellent and helps with our training outcomes."
- "Rights and respect should always be in place for service users."

The inspector had the opportunity to talk with the relatives of three service users and one service user by telephone. The overall perception of the service was good and no one communicated with expressed any concerns. The comments received were positive.

Comments:

- “Great care and support.”
- “The help is excellent.”
- “They listen if I have any concerns.”
- “Very respectful.”
- “They always turn up on time.”
- “The care is good and efficient.”

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 July 2018

There were no areas for improvement made as a result of the last care inspection.

6.2 Is care safe?

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

The service users and relatives felt they were treated with respect. Relatives stated they were confident service users were safe and well cared for.

At the time of the inspection, the agency had an acting manager in post. The manager is supported by of a number of coordinators as well as a number of domiciliary care staff.

Spot checks were carried out by the care coordinators to ensure quality and competency of staff. A number of these checks were reviewed and records in place were satisfactory. Service users or relatives stated:

- “My mother is very complementary about the staff.”
- “I depend on my call to get out and about.”
- “Mum is well cared for.”
- “My dignity is respected at all times.”

Service users and relatives spoke positively about care workers and the service provided. They stated that they were satisfied with the level of care provided and how the service is provided. Service users stated they were treated with respect and dignity. Relatives told the inspector that they were confident that their relatives were safe in the presence of care workers and were well looked after.

A review of records confirmed that a robust system is in place to monitor the registration status of staff in accordance with the Northern Ireland Social Care Council (NISCC), the inspector noted that some recently recruited staff are still in the process of registering; this is in keeping with NISCC registration timeframes.

New staff receive a structured induction programme in line with the timescales outlined within the regulations. Discussion with the manager and staff and a review of staff records confirmed that this included a shadowing period with other experienced staff. This practice allows the service user to get to know staff and to start building relationships, whilst including them in the process. Staff receive additional training before the end of the required probationary period. Additional areas of training includes:

- Internal communication
- Record keeping
- Care planning
- Person centred outcome focused care
- Privacy, dignity, independence and choice.

The agency provides to each staff member a "Fitness to practice passport". This document describes the agency's belief in continuous improvement in practice that means they offer service users good quality care and support. The programme is designed to ensure staff performance is satisfactory. The document describes a three part performance area that shows:

- Skills -What they do.
- Knowledge-What they know.
- Behaviours-The way they do things.

The document describes and highlights evidence of outcomes for service users, staff and the agency whilst reflecting on attitude, behaviours and the way staff work with service users.

There were systems in place to monitor staff performance including spot checks and training feedback and to ensure that they received support and guidance. Staff are supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users and their representatives. Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. It was noted that the adult safeguarding champions' position report was being formulated and would be completed by the end of April 2019. From the date of the last care inspection there had been three incidents referred to the relevant HSCT in relation to adult safeguarding and the records in place were satisfactory.

Service user care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

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

Staff had completed relevant training to enable them to care for service users. Staff were supervised and felt well supported by management. Evidence reviewed, highlighted that individual care needs and choices were assessed and responded to.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide (2019). The agency’s arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included information about service users’ preferred communication. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care and support plans had been reviewed the updated documents had been signed.

Care reviews in conjunction with the service users and/or their relatives HSC Trust representatives were held annually or as required and care and support plans were updated to reflect changes agreed at the review meeting. Reviews aim to give the agency an opportunity to ensure people's needs were continually being met and to assess and monitor whether there had been any changes in need. The agency has in place robust arrangements for identifying and managing service failures in a timely manner including missed or late calls. These included missed call logs and contact with service users and their representatives.

It was noted within those service users’ records examined that the agency completed service user monitoring visits. The records evidenced that no concerns had been expressed by the service users during the 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.

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care compassionate?

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

Service users and relatives spoken with stated that they were satisfied that the care and support provided by the service was compassionate.

Discussions with the manager and the review of training records indicated that values such as choice, dignity and respect were embedded into the culture of the organisation; this was verified by the staff who met the inspector. Both the staff and manager identified the need to continually communicate with service users and to ensure staff were respectful of the fact they were working in a service users' home.

One staff member stated: "Treating people with dignity, respect and compassion in their own home is important."

The inspector noted the positive feedback from service users during the 2018 annual quality review. The quality review promotes the principle of partnership with the staff, agency and service users and emphasises the value placed on service users by the agency.

Service users were given the opportunity to respond to the provision of the service in relation to:

- Privacy
- Courtesy
- Safety
- Consistency
- Time of calls
- Communication
- Meeting assessed needs
- Outcomes
- Complaints.

Upon commencement of a care package, service users are provided with a copy of the agency's service user guide which informs service users' of the standards and core values required to be maintained by care staff and highlights how service users can raise a concern or

complaint if necessary, regarding the quality of care. Service users are also provided with the process for making a complaint should they wish to raise a concern. In addition, the guide provides the service user with details of advocacy groups and the Northern Ireland Public Service Ombudsman (NIPSO). The inspector has suggested that the guide is updated to include the details of the Patient and Client Council and other relevant advocacy services. The manager provided assurances that this would be taken forward.

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 in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 service was well-led and had systems in place to check and monitor various aspects of the service provided. The service had a clear structure in place with a team of care workers, office staff, the manager and senior support.

The inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement such as outlined within previous sections.

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.

Since the previous inspection RQIA has been informed of a temporary change of management from 22 February 2019. This is due to cease upon the return of the registered manager within the next two months.

Discussion with the manager confirmed that she had a good understanding of her role and responsibilities under the legislation. Discussion with the staff evidenced that 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.

The manager has a system to monitor compliance with the timescales for staff supervision and there was evidence that staff had received supervision and where applicable appraisal.

As part of the agency's review of compliance with the new General Data Protection Regulation (GDPR) the manager confirmed that the agency had sought advice regarding their GDPR responsibilities. The manager advised that staff training has been planned with regards to GDPR to support staff with understanding the recent changes in this area.

The manager advised there were a range of policies and procedures in place to guide and inform staff. A review of a sample of policies and procedures evidenced that they had been updated within required timescales. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of service users. These addressed matters such as complaints, safeguarding, whistleblowing and confidentiality. Policies were maintained in a manner that was easily accessible by staff in the office or electronically.

The agency maintained a complaints and compliments record, which was audited on a monthly basis. The manager demonstrated good awareness of the agency's complaints procedure. A review of the agency's complaints records since the last inspection evidenced that the agency had received a number of complaints and these had been managed appropriately. Records in place evidenced that service users were able to complain if they wished and were knowledgeable of how to complain or raise minor concerns.

The manager and responsible person discussed their commitment to driving improvement in the service through consistency of the staff group to support service users. The manager described the importance placed on supporting and valuing staff to develop and improve their skills and knowledge base.

Discussion with the manager confirmed that staff meetings are held and in addition to information sharing at staff meetings, a review of team meeting minutes in April 2019 noted that staff discussed and were given advice on:

Staff updates:

- Reporting issues
- Best practice
- Record keeping
- NISCC
- Fitness to practice.

The manager also advised that the agency are currently reviewing their training programme and that the training plan for 2019 will further incorporate training in areas such as human rights, deprivation of liberty and increased dementia awareness training.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as the NISCC. Information regarding registration details and renewal dates are monitored by the registered 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 inspector confirmed that monthly quality monitoring reports were available for review from the last care inspection. Service users and or relatives commented:

- “The carers work at dad’s pace.”
- “I have good communication with management.”
- “Both carers are attentive.”
- “A good team that work well together.”
- “I’m treated well by carers.”

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 advised that to date, the agency provides access to training. The importance of this access was inherent within all training and the supervision process.

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

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 the management of complaints, training and quality monitoring.

Areas for improvement

No areas for improvement were identified in this domain 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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