

Unannounced Care Inspection Report 21 September 2020



Quality Care Services – Newry

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

www.rqia.org.uk

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 provider 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 78 care workers provide care services to 144 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 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 (SHSCT).

3.0 Service details

Organisation/Registered Provider: Quality Care Services Ltd	Registered Manager: Justine May (Acting)
Responsible Individual(s): Mrs Julie Elizabeth Hunter	
Person in charge at the time of inspection: Justine May	Date manager registered: Justine May (Acting) from 27 April 2020

4.0 Inspection summary

An unannounced inspection took place on 21 September 2020 from 10.30 to 15.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the inspection on 11 April 2019 RQIA have not completed a primary inspection. In response to this, RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site inspection approach in line with social distanced guidance.

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 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The inspection assessed progress with any areas for improvement identified 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.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

On the day of the inspection it was noted that five incidents had taken place since the previous inspection on 11 April 2019. We examined the records and found that the agency had dealt with the incidents in accordance with its own procedure and policy.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had not received any complaints since the last inspection.

Three areas for improvement were identified in relation to recruitment, the monthly quality monitoring reports and record keeping.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), staff induction and supervision and appraisals.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

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	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Justine May, 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. However, RQIA convened an Enhanced Feedback Meeting on 20 October 2020 to provide feedback on inspection findings and to be provided with assurances that the service will again come back into compliance with regulations and standards. The responsible individual and two of her senior team provided RQIA with assurances (via teleconference) and will follow up with an action plan as to their proposals of how they will be compliant and remain compliant with the regulations and standards. No further action will be taken by RQIA at this time but the service will be kept under regulatory review in relation to all areas discussed.

4.2 Action/enforcement taken following the most recent care inspection dated 11 April 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 April 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

Following our inspection we focused on contacting the service users, their relatives, staff and professionals to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included "Tell Us" cards, Service

user's/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

Following the inspection we communicated with one service user, three staff, four service users' relatives and one professional.

No areas for improvement were identified at the last care inspection.

We would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

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

6.1 Inspection findings

Recruitment records

We reviewed five staff recruitment files and it was evident that all pre-employment checks including Access NI and references were completed and finalised prior to the member of staff commencing employment. As outlined in Regulation 13, Schedule 3 a statement is required by the registered provider or the registered manager to confirm that the person is physically and mentally fit for the purposes of the work which they are to perform. This was not available in any of the recruitment files. There was also a gap in employment in one staff file and no evidence of any discussion of this during interview. All pre-employment checks should be completed prior to an employment start date being provided which is in line with Regulation 13 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An area for improvement has been stated in this regard.

The NISCC matrix reviewed confirmed all staff were registered with NISCC. The manager advised that the registration of staff is monitored on a fortnightly basis and the system sends prompts to staff when they are due for renewal. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Staff also confirmed their knowledge of this when providing feedback.

Monthly Quality Monitoring Reports

We reviewed a sample of the monthly quality monitoring reports which were available on the day of inspection. It was noted that there were no action plans in any of the reports which were reviewed. This does not identify areas for improvement or monitor the progress of any improvement made on a regular basis. The monthly quality monitoring reports are to ensure that the service are providing a good quality of care and should identify any deficits in staff records and service user records. The inspection findings were not highlighted in the reports and this did not assure RQIA that the responsible individual has governance and oversight of the service. An area for improvement has been made in this regard.

Care Plans and Reviews

We reviewed four service users' file. Two out of four care plans were out of date. It was noted that they hadn't been reviewed or updated since 2017 and there was no evidence that they had been reviewed on a yearly basis or if any changes had taken place within their package of care. It is essential that every care plan is reviewed and updated to ensure the service user is getting the appropriate package of care to meet their needs. Upon reviewing the daily logs, it was noted that there were six missed calls to one service user over a two week period. This was discussed with the manager who advised that it was a possibility that these calls were cancelled however there was no record of this on file to reflect any changes.

We reviewed the daily logs for four service users and noted that there were significant deficits in three of the four logs including unrecorded dates and times of calls or completed inappropriately in accordance with regulations. This was discussed with the manager who advised that a new computerised system is being created therefore this practice cannot continue as all records will be digital and any deficits will be identified in real time and actioned. An area for improvement was stated in this regard.

It was positive to note that the service had undertaken risk assessments with every service user which have been updated annually.

Comments from service users included:

- "I have a good relationship with my carers."
- "The carers are respectful with me."

Comments from service users' relatives included:

- "I am happy with the care."
- "No issues with time keeping."
- "All the carers know her."
- "If anyone is new, they are introduced to my relative."
- "The carers are friendly and respectful."
- "She is really well looked after."
- "The carers go above and beyond their duty of care."
- "I am very very happy."
- "The carers are very good."
- "If the carers are going to be late, they will tell me."
- "I give them 9/10."
- "The care is good."
- "The carers are very nice and polite."
- "They have the craic with her."
- "If I need to contact the office about anything, all the staff from the office staff to the manager are polite and support me as best they can. They should be commended for this."

Comments from care workers included:

- "The office staff are amazing."
- "The new manager is lovely and very supportive."
- "We are getting spot checks, especially in relation to PPE."
- "We were constantly getting emails updating us throughout the pandemic."
- "Staff and colleagues have been great and very supportive."

- “There is always someone at the end of the phone.”
- “I am happy enough working there.”
- “We were under pressure during the pandemic due to staff sickness.”
- “If I report anything to the office, I always get feedback with an update or outcome.”
- “I am happy.”
- “Pre Covid-19 we were getting regular supervision and spot checks.”
- “The rotas are heavy due to staff sickness but this is understandable. Prior to the pandemic, the rotas ran smoothly.”

Comments from professionals included:

- “The service came out of performance management on 21 April 2020.”
- “The new manager is very professional.”

One service user/relative questionnaire was received however it does not specify who has completed it, nor are there any contact details. The respondent indicated they are very satisfied that the care being delivered is safe and compassionate and is satisfied that the care is effective. They stated they were undecided if the care being delivered is well-led. The respondent included a comment:

- “The carers – individual carers – are over stretched, many stressed, fulfilling extra responsibilities – the result is inevitability is carers leave – this institutional memory is lost. This impacts on the service users.”

Covid-19

We spoke to the manager and three staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- dissemination of information to staff
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19
- PPE storage and disposal
- staff training and guidance on IPC and the use of PPE equipment in line with guidance

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff.
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

It was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), staff induction and staff supervisions and appraisals.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

Areas for improvement

Three areas for improvement were identified in relation to recruitment, monthly quality monitoring reports and record keeping.

	Regulations	Standards
Total number of areas for improvement	2	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Justine May, 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 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 Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (c) and (d), Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he is physically and mentally fit for the purposes of the work which he is to perform and full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Statement of fitness to be added to the application form Applications forms to be counter signed by RM This action will be followed up week commencing 2.11.2020 - action plan will be updated accordingly</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23 (4)</p> <p>Stated: First/Second/Third time</p> <p>To be completed by: immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that the report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Monthly Monitoring reports have been adapted to include an action plan which will include actions for any areas of concern that have been flagged during the month, or previous month's monitoring report Completed Monthly Monitoring Forms to be sent to RI and RD for oversight</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection and ongoing</p>	<p>The record maintained in the service user's home details (where applicable) the date and arrival and departure times of every visit by agency staff.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: All records are now electronic, which allows for full oversight. Records are live and can be viewed at any time. Audits can be carried out in a timely manner Record book audits completed as per company policy</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 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)