

Unannounced Care Inspection Report 26 July 2018



Quality Care Services Newry
Type of service: Domiciliary Care Agency
Address: 16 Win Business Park, Canal Quay,
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Tel no: 02830268541
Inspector: Jim Mc Bride
User Consultation officer: Clair McConnell (UCO)

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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. Under the direction of the manager Emma Magee, a staff team of 94 provides care services to 195 service users in their own homes. These service users are mostly 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 include sitting services. Their 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 Newry Responsible Individual: Miss Julie Elizabeth Hunter	Registered Manager: “Registration pending”. Emma Magee
Person in charge at the time of inspection: Emma Magee	Date manager registered: “Registration pending”.

4.0 Inspection summary

An unannounced inspection took place on the 26 July 2018 from 09.00 to 15.15.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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 Emma Magee manager, as part of the inspection process and can be found in the main body of the report.

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

As part of the inspection the User Consultation Officer (UCO) spoke with three service users and six relatives, either in their own home or by telephone, between 19 and 23 July 2018 to obtain their views of the service. The service users interviewed informed the UCO that they receive assistance with the following:

- management of medication
- personal care
- meals
- sitting service.

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

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

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 manager and staff of the agency for their co-operation throughout the inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 20 July 2017

No further actions were required to be taken following the most recent inspection on 20 July 2017.

5.0 How we inspect

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

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

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

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff views have been returned to RQIA via Survey Monkey.

The inspector provided ten questionnaires to staff for circulation to service users/relatives seeking their views on the service. Three responses were received.

The following records were examined during the inspection:

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

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 20 July 2017.

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 20 July 2017.

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

6.3 Inspection findings

6.4 Is care safe?

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

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Quality Care. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling, 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:

- "Gives us peace of mind that someone calls regularly with XXX and contacts us if anything is wrong."
- "I try to be independent but the carers help me if necessary."
- "No issues at all."

A range of policies and procedures was reviewed relating to safeguarding, managing staff and whistleblowing. The inspector found these policies to be up to date and compliant with related regulations and standards.

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

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

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The manager is named as the agency's Adult Safeguarding Champion with key responsibilities detailed in their procedure in line with required guidance.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Staff training records viewed for 2017/2018 confirmed that records were available for all care workers showing the required mandatory updates and training.

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

Feedback from the manager indicated that staff have attended a range of training necessary to meet the needs of service users. The following records including the agency's procedures show that staff should attend the following:

- care and welfare
- safe working including:
 - safeguarding
 - dementia
 - first aid
 - manual handling
 - medication
 - health and safety
 - infection control
 - food safety
 - communication.

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

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

Three returned questionnaires from service users indicated that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding that had been appropriately managed and ongoing review of service user’s care and support was evident.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers’ timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users advised that they are usually introduced to new carers by a regular carer and new carers have been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Quality Care were raised with the UCO. Some of the service users and relatives were able to confirm that home visits or phone calls have taken place to obtain their views on the service; or that they had received a questionnaire from the agency.

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

- “Consistency is great. XXX and the carer have developed a great relationship.”
- “No complaints whatsoever.”
- “Never been let down.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to three service users.

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trusts. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users’ and/or relatives’ views had been obtained and where possible, incorporated.

Service user files contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care.

The manager confirmed that the agency is provided with details of the care planned for each new service user or with changes to existing service users’ care plans.

The inspector reviewed a sample of completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by senior staff, with appropriate action taken with individual staff where minor issues had been identified.

The inspector noted some of the comments from service users during staff monitoring contact:

- “The carers are friendly and helpful.”
- “The girls are excellent, thoughtful and considerate.”
- “They all know my routine.”
- “All staff ta competent.”
- “Everything is going well at present.”
- “The staff are very attentive.”

The agency policy relating to missed/late calls to service users (2017) was reviewed by the inspector. Records in place show that between May 2017 to March 2018 four missed calls were recorded the agency informed the HSC Trust in line with their procedures and contract compliance. The investigation of the incidents shows full satisfaction on each occasion.

Three returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

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.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care. During the home visits the UCO observed an interaction between one carer and a service user; this was felt to be appropriate and friendly in nature.

Views of service users and relatives have been sought through home visits, phone calls or questionnaires to ensure satisfaction with the care. Examples of some of the comments made by service users or their relatives are listed below:

- “Very good to XXX.”
- “Great bunch of girls. Don’t know what I would do without them.”
- “They get on really well.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. A number of records were reviewed by the inspector and the records in place were satisfactory. Observation of staff practice carried out within service users' homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with manager. Records of monthly quality monitoring regulation (23) were available.

It was clear from the reports available for inspection that the representative of the registered provider had sought the views of service users, staff, relatives and HSC Trust staffs views on the quality of service provision. The inspection has noted some of the comments received:

Staff:

- “No issues loving my role.”
- “The staff support is great.”
- “I’m happy and liking my role.”

Service users:

- “The staff are fantastic.”
- “The staff re great they do everything for me.”
- “The branch staff always sort out my issues.”
- “The service supports me to manage everything.”

Relatives:

- “My relative is well supported.”
- “The care staff are great.”
- “It gives me such a break.”

HSC trust staff:

- “No issues the manager is great.”
- “Great interaction with the manager who does a great job.”
- “The branch supports well and the service is good.”

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

The agency completed an annual quality survey in 2017 that highlighted some positive responses relating to the following:

- privacy
- feeling safe and cared for
- politeness and courteousness
- consistency of staff
- staff meeting service user needs
- staff informing service user about late calls
- staff listening to service users
- staff being in time

- supporting service users to achieve goals
- dealing with complaints
- recommending the care provided to someone else.

The inspector noted some of the comments received:

- “Well suited to the job. Extremely well-mannered and respected by the service user.”
- “Very appreciative of the care and support received.”
- “Every care worker that come to me I cannot say a bad thing against them.”
- “My ***** gets such great care and attention from the care workers, it’s a shame they leave.”
- “I’m very happy with each one of my carers.”
- “Very helpful to my needs I look forward to their visits.”

Some comments about care call issues had been received and the agency has in place an action plan to improve all areas raised by service users.

Three returned questionnaires from service users indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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

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

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format and available in hard copy manuals. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The agency's complaints procedure viewed was found to be in line with regulations and standards. The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for the period 1 September 2017 to inspection date 6 June 2018 with two complaints recorded. The inspector reviewed the two complaints records which supported appropriate management, review and resolution of each complaint.

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

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

- personal care
- recording and reporting
- confidentiality
- record keeping
- medication
- communication
- lone working
- rushed care.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment.

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

Three returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents.

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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