

Unannounced Domiciliary Care Agency Inspection Report 4 April 2016



Enable Care Services

77 Moore Street, Aughnacloy BT69 6AR.
Tel No: 028 8555 7745
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Enable Care Services took place on 4 April 2016 from 10.00 to 17.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health Social Care (HSC) Trust. One area for quality improvement relating to safe care was identified during this inspection. The registered manager is recommended to review, as part of a systematic three yearly review of all policies and procedures, their whistleblowing policy and procedure.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring have been revised since their previous inspection and implemented in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. However, one recommendation for improvement relating to effective care has been made. The inclusion of all stakeholders in the annual quality review of service provision has been recommended.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement relating to compassionate care were identified during this inspection.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. The revised systems of quality monitoring implemented since their previous inspection was found to be in line with regulations and standards. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

One recommendation for improvement has been made. The registered manager is recommended to establish a system to ensure their policies and procedures are subject to a systematic three yearly review. This recommendation encompasses the review of their whistleblowing policy and procedure.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes, and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Other than those actions detailed in the previous quality improvement plan (QIP) there were no further actions required to be taken following the last inspection. Details of the QIP within this report were discussed with the registered manager Ann Maguire, as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organization/registered person: Enable Care Services/Paul Francis O'Keefe	Registered manager: Ann Briega Maguire
Person in charge of the agency at the time of inspection: Ann Briega Maguire	Date manager registered: 14 January 2011

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report
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Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Consultation with three staff
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the UCO spoke with two service users and eight relatives, either in their own home or by telephone, between 4 and 8 April 2016 to obtain their views of the service. The service users interviewed reported that they received assistance with the following:

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

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

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Two staff questionnaires were received following the inspection, with findings included within the body of this report.

On the day of inspection the inspector met with three staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The following records were examined during the inspection:

- Five service user daily recording booklets
- Five service user records in respect of the agency quality monitoring contacts
- Four staff quality monitoring records
- Staff training schedule
- Four staff recruitment and induction records
- Staff duty rotas for 28 March to 10 April 2016
- Four trust contract compliance records
- Monthly monitoring reports for January to March 2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints
- Managers daily contact log records for March 2016
- Missed call record and associated follow up actions
- Records of incidents reportable to RQIA in 2015/2016
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4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 August 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 14 August 2105

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1 Ref: Regulation 13 Stated: First time</p>	<p>13. The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (d) full and satisfactory information is available in relation to him in respect of each of the matters Specified in Schedule 3.</p> <p>Action taken as confirmed during the inspection: The inspector sampled staff recruitment records which evidenced that full and satisfactory information had been obtained for each domiciliary care worker prior to their employment by the agency.</p>	Met
<p>Requirement 2 Ref: Regulation 14 Stated: First time</p>	<p>14. Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided— (a) so as to ensure the safety and well-being of service users; (b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes.</p>	

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that a revised programme of service user quality monitoring has been implemented. Records evidenced that service user quality monitoring visits and phone contacts have been completed in line with their procedure. Records of staff monitoring processes were viewed and found to be appropriately detailed. Staff records evidenced all had completed update training on the subject of safeguarding vulnerable adults.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 21.1(a) Schedule 4</p> <p>Stated: First time</p>	<p>21.—(1) The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed evidence that the agency have introduced a revised recording procedure in relation to service user records. The inspector viewed evidence that records are being audited on a monthly basis to ensure they are being maintained in accordance to the required standard.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 5.2 and 5.6</p> <p>Stated: First time</p>	<p>The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily records.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records of monthly monitoring completed in relation to the care workers' recording practice and service users' daily records. These records had been found to be satisfactory. Care workers had been provided with information regarding their responsibility in relation to record keeping, with no practice issues identified during February 2016 audits.</p>	

4.3 Is care safe?

A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

Four staff files were sampled relating to recently appointed care staff. These verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. Staff records also evidenced that a competency assessment had been carried out for each new care worker and subsequent supervision sessions had been completed and records maintained.

The UCO was advised by all of the service users/relatives interviewed that there were no concerns regarding the safety of care being provided by Enable Care. New carers had been 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 to maintaining the consistency of care to be delivered to the service user.

No issues regarding the carers' training were raised with the UCO; examples of care delivered discussed by service users/relatives included dementia care and assistance with mobility. All of the service users/relatives interviewed confirmed that if they had a concern they could approach carers and/or office staff. Examples of some of the comments made by service users/relatives are listed below:

- "Doing a good job; would be stuck without them."
- "They treat me very well."
- "No issues with the care."
- "The carers contact me if there are any concerns with my XXX."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their 'Safeguarding and Protecting Service Users' policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered manager who agreed to revise their procedure in line with the DHSSPSNI guidance document. The inspector was satisfied that the registered manager would update their vulnerable adult policy and procedure as agreed.

The agency's whistleblowing policy and procedure was found to be satisfactory, however was dated September 2012 and did not appear to have been reviewed since that date. The registered manager is recommended to address this area.

Staff training records viewed for 2015 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed which contained each of the required mandatory training subject areas along with other training relevant to service users care needs.

Each of the three staff interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to

reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. Staff questionnaires received confirmed that they had received training for their role.

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.

The agency currently provides services to 226 people living in their own homes. A sample of five service user files reviewed by the inspector confirmed that the agency management team had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency is not invited to contribute either in writing or to attend the commissioning trust arranged care review meetings with service users/representatives. The registered manager stated they are only made aware of these meetings if they receive an amendment form from the trust detailing a change to the original care plan. The registered manager informed the inspector that they would continue to liaise with the trust as required. The inspector was given assurances that all information relevant to service users was up to date and available as required.

Areas for improvement

One area for improvement was identified during the inspection.

The registered manager is recommended to review their whistleblowing policy and procedure as part of a systematic three yearly review programme of all their policies and procedures.

The inspector was content that the registered manager would update the agency's vulnerable adult policy and procedure in accordance to the July 2015 guidance.

4.4 Is care effective?

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care had been rushed. One relative advised that they had experienced a small number of missed calls which had been discussed with the agency and resolved.

Service users also reported that they were normally introduced to, or advised of the name of, new carers by a regular carer. It was also confirmed that new carers had been made aware of the service users' care needs.

Service users/relatives reported no concerns regarding the communication between themselves and the agency carers and office staff. The majority confirmed that management from the agency carry out regular home visits and phone calls. All of the service users/relatives interviewed by the UCO confirmed that they are involved in trust reviews regarding their care package and they also received satisfaction questionnaires from Enable Care asking for their views on the service.

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

- “It gives me peace of mind to know that someone calls regularly to check on my XXX whilst I’m at work.”
- “Very good at their job.”

The agency’s policy and procedure ‘Recording and Reporting Care Practices’ was reviewed. It was noted to be appropriate and up to date. The agency had introduced new monthly recording booklets into each service user’s home in January 2016 on which care workers recorded their visit details. The inspector reviewed five completed booklets returned from service users’ homes, which confirmed an audit of records had been carried out by senior staff, and cross referenced with their staff duty rotas and invoicing process. The registered manager and monitoring officer discussed the improvements found in respect of recording practices by care workers since revised documentation/guidance had been introduced.

A review of the staffing rota for weeks commencing 28 March and 4 April 2016 evidenced that the service user visits by care workers were planned. Service users and relatives spoken to by the UCO, and staff spoken with during the inspection, suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

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

The registered manager discussed records management during staff supervision meetings and during training updates; review of March 2016 staff meeting records evidenced this topic. The inspector viewed a memo issued to all staff 28 January 2016 reminding them of their responsibility in respect of record keeping practice.

Service user records viewed by the inspector evidenced that the agency carried out care review visits with service users three monthly and telephone contacts monthly, along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs had been identified and reassessments resulted in amended care plans.

The UCO review of two service user files confirmed that the agency management team had carried out care review meetings with service users/relatives to ensure their needs were being met.

The inspector reviewed the agency procedure ‘management of missed calls’ dated February 2016. The inspector reviewed the records in respect of one missed call in February 2016 and found appropriate action had been taken with staff on receipt of this matter. These records evidenced a process was in place to reduce the risk of any service user not receiving their planned call.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed. Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user’s home.

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

Areas for improvement

No areas for improvement were identified during the inspection.

4.5 Is care compassionate?

All of the service users/relatives interviewed by the UCO felt that care was compassionate, that carers treat them with dignity and respect, and care is not being rushed. Service users/relatives reported that as far as possible, they were given choice in regards to meals and personal care.

The agency sought the views of service users and relatives through home visits, phone calls and questionnaires on a regular basis to ensure satisfaction with the care being provided by Enable Care. Examples of some of the comments made by service users or their relatives are listed below:

- “Get on really well together. I hear them laughing and joking away.”
- “The agency is flexible with the time of sits to suit the needs of the family.”
- “The girls are approachable and helpful.”

Staff interviewed 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 described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff questionnaires received indicated that they felt service users views were listened to and they were involved in decisions affecting their care.

The inspector confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. From the records reviewed by the inspector a number of staff practice issues were identified during spot checks and monitoring visits which related to record keeping. Records evidenced that appropriate measures had been taken with each care worker. There were no repeated issues identified during subsequent monitoring visits. It was good to note positive comments from service users had been recorded on their monitoring records.

The agency has requested the views of service users/relatives on the services being provided via their annual satisfaction questionnaires posted 31 March 2016. The registered manager confirmed that the agency had completed an annual quality review of their service for the year 2014/15 with a summary report of findings and improvements planned viewed. The content of the annual quality review report was discussed with the registered manager. The inspector recommended that the agency’s annual quality report be expanded to include feedback from staff and commissioners of their service.

Areas for improvement

One area for improvement was identified during the inspection.

The registered manager is recommended to expand their annual quality of service evaluation process to include staff and commissioners’ views.

4.6 Is the service well led?

The RQIA registration certificate was not displayed on the day of inspection as the registered manager had not received an updated certificate from RQIA registration team. The RQIA registration team have subsequently issued the updated RQIA registration certificate.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the registered manager and staff evidenced that there was an organisational structure within the agency which had been revised to include the appointment of a service user monitoring officer in October 2015.

The agency's policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed, at least every three years, was not found to have been fully implemented as a number of policies sampled were last reviewed during 2012. The registered manager is recommended to ensure this area is addressed.

The agency's complaints procedure viewed was found to be appropriately detailed, including details of independent advocacy services. The complaints information was also reviewed within the service user guide during inspection.

All of the service users/relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Complaints had been made to the agency regarding timekeeping and short calls.

The complaints log was viewed for 2015 and 2016 to date, with a range of complaints recorded. The inspector reviewed a sample of four complaints records which supported appropriate management, review and resolution of all, except one, complaint. The unresolved complaint was discussed with the registered manager and the inspector was satisfied that this complaint was being appropriately managed.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken with staff on receipt of incident reports.

Records relating to the commissioning trust's contract compliance matters were reviewed and discussed with the registered manager. These areas related to invoicing, recording systems and quality monitoring practice. The inspector reviewed the trust action plan as agreed with the agency and it was good to note progress had been made to address the identified areas of concern.

The inspector reviewed the monthly monitoring reports for January to March 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

The registered manager confirmed that she and three senior staff are currently undertaking additional training, commenced QCF Level 5 in Health and Social Care course in February 2016, with anticipated completion in 14 months. This is to be commended, and the value of additional training was discussed during inspection in terms of improving staff knowledge and skills along with keeping abreast of new areas of development.

The staff interviewed indicated that they felt supported by senior staff who were described as approachable and helpful. The on-call system in operation was described as extremely valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service user's needs.

Areas for improvement

One area for improvement was identified during the inspection.

The registered person should establish a system to ensure that policies and procedures are subject to a systematic three yearly review.

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Ann Maguire as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be Completed by: 4 July 2016</p>	<p>The registered manager should establish a system to ensure that policies and procedures are subject to a systematic three yearly review.</p> <p>Response by Registered Manager Detailing the Actions Taken: All policies and procedures have since been updated and we attach our Whistleblowing policy and our Vulnerable Adults policy for your attention</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be Completed by: 4 July 2016</p>	<p>The registered manager is recommended to expand their annual quality review process to include staff and service commissioners' views.</p> <p>Response by Registered Manager Detailing the Actions Taken: We have sent out a survey to a number of Social workers and currently a survey for staff is being complied</p>



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

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews