

Announced Care Inspection Report 8 February 2021



Enable Care Services (UK) Limited

Type of Service: Domiciliary Care Agency
Address: 54 Moore Street, Aughnacloy, BT69 6AY
Tel No: 028 8555 7745
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

Enable Care Services (UK) Limited is a domiciliary care agency which provides a range of personal and social care services, meal provision and sitting services to people living in their own homes. Service users have a range of diagnoses including dementia, mental health conditions and learning and physical disabilities. Enable care provides care to 604 service users, commissioned by the Southern Health and Social Care Trust (SHSCT) and the Western Health and Social Care Trust (WHSCT) by 258 carers.

3.0 Service details

Organisation/Registered Provider: Enable Care Services (UK) Limited	Registered Manager: Mrs Edel Mary Beatty
Responsible Individual: Mrs Christine Margaret McGirr	
Person in charge at the time of inspection: Mrs Edel Mary Beatty	Date manager registered: 13 November 2019

4.0 Inspection summary

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.

The last care inspection was undertaken on 29 November 2019.

Since the date of the last care inspection, a number of correspondences were received in respect of the agency. RQIA was also informed of all notifiable incidents which had occurred within the agency in accordance with regulations.

Having reviewed the agencies' regulatory history, in addition to RQIA not being made aware of any specific risk to the service users within the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 8 February 2021 from 10.00 to 12.15 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection focused on discussing aspects off the submitted information, in order to substantiate the information. We contacted stakeholders to obtain their views on the service quality.

We reviewed the dates that criminal records checks for staff employed by the agency (AccessNI) had been completed to ensure that they were in place before staff were supplied to service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 guidance was also reviewed through discussion with a number of staff. This was also verified through discussions with the manager, the quality and compliance manager, service users and service users' representatives. In addition, we reviewed Covid related information disseminated to staff.

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 in relation to staff registrations with NISCC, recruitment, staff training and induction, supervision and appraisals of staff and the monthly quality monitoring reports. Good practice was also found in relation to infection prevention and control

(IPC). It was also evidenced that all staff had been adhering to the current Covid-19 guidance on the use of personal protective equipment (PPE).

An area for improvement was identified in relation to the management of records.

Those consulted with indicated that they were generally satisfied with the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibility, enhance practice and service users' experience.

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, 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*1

* one standard has been restated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Edel Beatty, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 29 November 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 November 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, the returned Quality Improvement Plan (QIP), 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 and staff to find out their views on the service. We also spoke with HC professionals involved with the service.

To ensure that the required pre-employment checks were in place before staff visited service users, we reviewed the following:

- recruitment records specifically relating to Access NI and NISCC registration

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland (updated December 2020).

We discussed any complaints and incidents that had been received by the agency with the manager and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitoring as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included an electronic survey for service users, relatives and staff to feedback to the RQIA. No feedback was received by way of the electronic survey.

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

6.0 What people told us about this agency

The feedback received indicated the people were generally very satisfied with the current care and support. During the inspection we spoke with the manager and the quality and monitoring manager with the use of video technology. Both confirmed that staff wore PPE as necessary.

Following the inspection, we spoke with three service users, four service users' representatives, three care workers and three HSC professionals. All those spoken to indicated that they were generally very happy with the care and support provided by the agency. Comments are details below:

Staff:

- "I really enjoy my job."
- "The girls in the office are brilliant."
- "Any issues are dealt with quickly."
- "Training is good."
- "Two weeks shadowing is worth its weight in gold."
- "I have been given more support when I have needed it."
- "It's definitely enjoyable."
- "It is a good company to work for."
- "I get extra training if I request it."
- "We have been kept regularly up to date through the pandemic."
- "There is a fair level of time for calls, however if more time is needed, I inform the office."
- "The team leaders are approachable."
- "Everything has been going well."
- "Full PPE is supplied every week."
- "These are strange times to be working in."
- "A positive about Enable Care is that the team leaders are out on the ground so we can keep an eye on things and speak to service users who will tell you if there is anything wrong and it can be nipped in the bud quickly."

- “The girls on my team work well together.”

Service users:

- “I’m happy.”
- “They are friendly.”
- “I am happy with the care.”
- “Them wee girls are angels.”
- “They are always on time.”
- “They are very nice.”
- “Pleasant wee girls.”

Service users’ representatives:

- “I am quite happy with the carers.”
- “They always contact me if they can’t access the house.”
- “Everything is going according to plan.”
- “My husband gets on well with the carers.”
- “They have quite a bit of craic.”
- “I am quite satisfied with the care.”
- “They wear the full space suit (PPE).”
- “The carers are friendly and respectful to my mum.”
- “I am happy enough with all aspects of the care.”
- “The carers are all very good.”

HSC professionals:

- “Domiciliary services provided by Enable Care have been very good. Responsive and supportive service particularly when trying to commission a service for end of life care. Enable have been very supportive and have gone that extra mile in trying to secure a reliable service. Would have to commend locality manager and her team of carers who have been very diligent in providing end of life care. Service users report to be happy with the services provided to them.”
- “Communication is very good and they have been very responsive during COVID 19 in adapting to communication via email. This has worked very well as it can be difficult to get speaking to someone particularly as carers are very busy.”
- “Very good at providing feedback regarding service provision and addressing any issues in a timely way.”
- “Enable Care are presently providing a good service within this locality.”
- “From my experience the agency’s commitment to their clients is excellent.”
- “I find the staff I have dealt with remotely and in person to be approachable, compassionate and capable of raising difficult issues, addressing them in a timely manner and progressing forward without prejudice. Any issues that I have had to raise have been dealt with appropriately and I have attended several reviews when requested to do so. In regards to feedback from clients/family members I rarely have any complaints.”
- “The care provided is person centred and dignified.”
- “From a professional perspective I rate the agency highly & have recommended it to clients who are seeking additional care on a private basis or short term flexible respite basis.”
- “I feel they communicate very well and advise me in advance, with a proforma, of any changes in regards to package of care call times/cancellations.”

7.0 The inspection

Areas for improvement from the last care inspection dated 29 November 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (b)(c)(d) Schedule 3 Stated: First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless – (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	Met
	Action taken as confirmed during the inspection: We reviewed four staff recruitment files and noted that the pre-employment checks were completed prior to the care workers visiting service users.	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.3 Stated: First time	The registered person shall ensure mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: We reviewed the training matrix for all the care workers and it was noted that all training was up to date.	
Area for improvement 2 Ref: Standard 12.7 Stated: First time	The registered person shall ensure that a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. This record includes: <ul style="list-style-type: none"> • the names and signatures of those attending the training event • the date(s) of the training • the name and qualification of the trainer or the training agency • content of the training programme 	Met
	Action taken as confirmed during the inspection: A record of all training of staff is kept in the	

	agency, including all induction records and professional development of staff.	
Area for improvement 3 Ref: Standard 12.8 Stated: First time	<p>The registered person shall ensure there is a written and training development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the agency.</p> <p>Action taken as confirmed during the inspection: We reviewed the appraisals for staff and noted that all training development plans had been reviewed and updated on an annual basis.</p>	Met
Area for improvement 4 Ref: Standard 13 Stated: First time	<p>The registered person shall ensure that staff is supervised and their performance appraised to promote the delivery of quality care and services.</p> <p>This relates to the agency devising a matrix of supervision dates for all staff including future dates.</p> <p>Action taken as confirmed during the inspection: We reviewed the supervision matrix and it was noted that all supervisions were in accordance with the policy and procedure.</p>	Met
Area for improvement 5 Ref: Standard 10.4 Stated: second time	<p>The registered person shall ensure that information held on record is accurate, up to date and necessary.</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> all required signatures are recorded on service users' care plans, (where the service user is unable or chooses not to sign this is recorded), <p>Action taken as confirmed during the inspection: We reviewed the care plans for four service users and it was noted that they were all signed accordingly.</p>	Met
Area for improvement 6 Ref: Standard 8.1 Stated: First time	<p>The registered person shall ensure there is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	Met

	<p>This relates to early/late calls. The agency is required to have a system in place which records when service users request the time of their call to be changed or if the carer undertakes the care outside of the identified time.</p>	
<p>Area for improvement 7 Ref: Standard 10.5 Stated: First time</p>	<p>The registered person shall ensure staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</p> <p>This is in relation to all entries being recorded under the correct date and a time for starting and finishing a call are specified. It also relates to entries being written in pen rather than pencil.</p> <p>Action taken as confirmed during the inspection: We reviewed four service users' daily logs and deficits were identified in all four logs relating to incorrect dates being entered and no times for the start or the end of the call. There was also one missing call for one service user. This area for improvement has been restated for the second time.</p>	<p>Not met</p>

7.1 Inspection findings

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards before staff members commence employment and visit service users. This ensures that the staff employed are appropriate to have direct engagement with service users.

A review of the records confirmed that all staff provided by the agency are currently registered with NISCC. We noted that there was a system in place each month for monitoring staff registrations. The manager advised that staff are not permitted to work if their professional registration lapses.

Covid-19

We spoke to the manager, the quality and compliance manager and to 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

Based on feedback 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 staff registrations with NISCC, recruitment, staff training and induction, the monthly quality monitoring reports and supervision and appraisals of staff.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

Areas for improvement

One area for improvement was identified in relation to the management of records.

	Regulations	Standards
Total number of areas for improvement	0	1

8.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Edel Beatty, 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.

8.1 Areas for improvement

An area for improvement has been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

8.2 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 Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 10.5</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection and ongoing.</p>	<p>The registered person shall ensure staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</p> <p>Ref: 7.0</p> <p>Response by registered person detailing the actions taken: We have updated our induction and update training to emphasise the importance of accurate record keeping. All staff have received a memo with how the observation books are to be completed at every call. All staff are aware that failure to adhere to the guidelines set, will result in disciplinary action.</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 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)