

Unannounced Care Follow Up Inspection Report 11 December 2018



Enable Care Services (UK) Limited

Type of Service: Domiciliary Care Agency
Address: 54 Moore Street, Aughnacloy, BT69 6AY
Tel No: 02885557745
Inspector: Marie McCann

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, learning and physical disabilities.

3.0 Service details

Organisation/Registered Provider: Enable Care Services (UK) Limited Responsible Individual(s): Mrs Christine Margaret McGirr	Registered Manager: Mrs Edel Mary Beatty - application received - "registration pending".
Person in charge at the time of inspection: Mrs Edel Mary Beatty	Date manager registered: As above

4.0 Inspection summary

An unannounced inspection took place on 11 December 2018 from 09.30 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 inspection sought to assess progress with issues relating to staff recruitment, induction and training and monthly quality monitoring visits identified during the previous inspection.

The following areas were examined during the inspection:

- Recruitment
- Induction
- Training
- Monthly quality monitoring visits

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	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Edel Beatty, manager and a director, 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 19 July 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 July 2018.

5.0 How we inspect

Prior to inspection the inspector analysed the following records:

- Previous inspection report and QIP dated 19 July 2018

Specific methods/processes used in this inspection included the following:

- Discussion with the manager, training officer and a director of the agency
- Examination of records
- Evaluation and feedback

The following records were examined during the inspection:

- Five staff recruitment records
- Five staff induction records
- The agency's staff training matrix
- A sample of the agency's rota information
- A sample of monthly monitoring visits

During the inspection the inspector met with the manager, a training officer and a director of the agency.

Five areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

Two areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 19 July 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 19 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Schedule 3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspector confirmed from a review of records relating to recently recruited staff that the agency had obtained full and satisfactory information in relation to the matters specified in Schedule 3. Additional information is detailed in Section 6.3 of this report.	
Area for improvement 2 Ref: Regulation 21(1)(c) Schedule 4 Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority. This relates specifically to the information formulated and retained by the senior training officer in relation to staff training.	Met
	Action taken as confirmed during the inspection: The inspector confirmed in discussions with the training officer and a review of available records that robust governance arrangements were in place for the agency to: monitor the training needs of staff, identify when staff required training updates and which ensured that compliance with mandatory training requirements were monitored.	

<p>Area for improvement 3</p> <p>Ref: Regulation 23 (1)(2)(3)(4)(5)</p> <p>Stated: First time</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—(a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding— (i) what services to offer to them, and (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) 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>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records confirmed that the responsible person completes a monthly quality monitoring visit and a report is developed which references consultation with service users, their relatives as appropriate and service users’ representatives and a review of the conduct of the agency. However, the inspector discussed that the report required greater detail such as, specific feedback from service users, relatives and staff. In addition, the report should also</p>		

	<p>reference any learning achieved/actions required, which have resulted from analysis of trends/patterns arising from governance processes focusing on quality assurance and service delivery.</p> <p>This area is assessed as being partially met and is stated for a second time.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.1 Stated: Second time	<p>Newly appointed staff are required to complete structured orientation and induction, having regard to the Northern Ireland Social Care Council (NISCC) Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedure.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed in discussions with the training officer and review of a sample of records that newly recruited staff had undertaken a structured orientation and induction process, the content of which evidenced a regard to the NISCC induction standards.</p>	
Area for improvement 2 Ref: Standard 10.4 Stated: First 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 within records of induction. • all required signatures are recorded on service users' care plans, (where the service user is unable or chooses not to sign this is recorded), • full date is recorded on care plans and risk assessments evidencing when they were completed, reviewed and by whom, • ensuring care plans are amended to reflect changes in commissioned services and the assessed needs of service users. 	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	

Area for improvement 3 Ref: Standard 6.1 Stated: First time	The agency participates in review meetings organised by the referring HSC Trust responsible for the service user's care plan. This relates to the minutes of all such reviews being sought from relevant HSCT bodies and retained by the agency.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.3 Inspection findings

Recruitment of staff

Discussions with the manager and a director of the agency established that the agency has systems in place to ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to the care worker in respect of each of the matters specified in Regulation 13 (d) Schedule 3. The inspector selected a sample of recruitment records relating to staff recently recruited. The inspector requested that the agency amend their application form to ensure that applicants are required to provide a full employment history. The agency confirmed post inspection that the application form had been updated accordingly. In addition, it was noted that a number of interview records did not contain sufficient detail of the matters discussed during the interview. The manager and director provided assurances that these issues would be addressed with immediate effect. This will be reviewed at the next care inspection.

Areas of good practice

An area of good practice was identified in regards to the agency having implemented a template to record actions taken to obtain appropriate references prior to the commencement of employment of an applicant

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Staff Induction and training

A review of a sample of staff induction records evidenced that staff received an induction lasting three days which included mandatory training and additional training in areas such as: dementia awareness, behaviours which challenge, the NISCC codes of practice and conduct for social care staff and discussion regarding the agency's staff handbook.

A sample of the agency's staff rota information viewed by the inspector reflected that the staff group sampled had worked a number of shifts in which they shadowed experienced staff as part of their induction process. While the inspector noted that the training officer and the employee signed to confirm that an induction had been undertaken and completed, this record did not reflect the full content of the induction. The inspector advised that the induction records should be amended to reflect specific induction components addressed and signed upon completion of each element by the staff member and any other relevant staff member. In addition the records should include the dates and times of staff shadowing other experienced staff members. The manager and director agreed to action this with immediate effect.

The inspector viewed the agency's system to ensure that all staff receive appropriate and ongoing training updates to fulfil the duties of their roles. Discussions with the training officer confirmed that the agency has a yearly training plan in place; they confirmed that the agency has reviewed the updated RQIA training guidance. A review of a sample of training records evidenced that the majority of staff had received mandatory training updates throughout 2018; arrangements were in place to identify and meet ongoing training updates as part of a rolling programme of training by the end of December 2018 for staff who were required to complete training updates. A record of the content of training provided is maintained by the training officer; there is evidence that the majority of the training provided has a competency assessment which staff are required to complete.

Areas of good practice

An area of good practice was identified in that the agency's training programme can be responsive and updated in a timely manner if a training need is identified.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Monthly quality monitoring reports

The inspector confirmed that the reports of monthly quality monitoring visits were available for review since the last care inspection. Samples of records viewed evidenced consultation with service users, their relatives, staff and Health and Social Care Trust (HSCT) representatives and referenced the number of incidents and complaints. However, information contained within these reports were not sufficiently detailed to demonstrate how the quality of services provided, were being effectively evaluated. In addition, action plans were not available which evidenced how those issues identified from consultation with relevant stakeholders or as a result of any incidents or complaints, were being addressed. The inspector discussed with the manager and director that specific, clear and time bound objectives should be set which can then be effectively reviewed at subsequent monitoring visits in order to assess ongoing progress with matters relating to quality improvement and service delivery.

Areas for improvement

An area for improvement was stated for a second time in relation to monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 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 and a director of the agency, 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 23 (1)(2)(3)(4)(5)</p> <p>Stated: Second time</p> <p>To be completed by: With Immediate effect</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—(a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding— (i) what services to offer to them, and (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) 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>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This specifically relates to an agreement that the registered person must forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice.</p>
	<p>Response by registered person detailing the actions taken: This has been implemented and copy of monitoring form sent to Marie McCann on 8.2.2019 for viewing.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 10.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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 within records of induction. • all required signatures are recorded on service users' care plans, (where the service user is unable or chooses not to sign this is recorded),
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	<ul style="list-style-type: none"> • full date is recorded on care plans and risk assessments evidencing when they were completed, reviewed and by whom, • ensuring care plans are amended to reflect changes in commissioned services and the assessed needs of service users. <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: This has been implemented and is ongoing. All induction records are signed and dated by inductees, careplans signed by service users, risk assessments signed by assessor and date and any changes to package of care signed and dated by the person whom is doing this.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The agency participates in review meetings organised by the referring HSC Trust responsible for the service user’s care plan. This relates to the minutes of all such reviews being sought from relevant HSCT bodies and retained by the agency.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: This has been implemented. All minutes taken for each review meeting with service user will be retained in the service user's file.</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)