

Unannounced Care Inspection Report 30 January 2019



Domiciliary Care Services

Type of service: Domiciliary Care Agency

**Address: First Floor, Main Building, Downshire Estate, Ardglass Road,
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Tel no: 02844513891

Inspector: Joanne Faulkner

User Consultation Officer (UCO): Clair McConnell

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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

Domiciliary Care Services (11284) is a domiciliary care agency located in Downpatrick; the agency provides care and support to service users who reside in the Down and Lisburn area. The agency's aim is to provide care to meet the individual assessed needs of people in their own homes with the aim of promoting independence.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)	Registered Manager: Alistair Fitzsimons- no application received
Responsible Individual: Hugh Henry McCaughey	
Person in charge at the time of inspection: Acting manager	Date manager registered: no application received

4.0 Inspection summary

An unannounced inspection took place on 30 January 2019 from 10.00 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during 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:

- Communication with service users, relatives and other relevant stakeholders
- Staff induction, training and supervision
- Governance and Quality monitoring systems
- Provision of care in a person centred manner
- Service user engagement

This was supported through review of records at inspection and from feedback received from staff, service users and relatives.

An area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

No areas for improvement were identified during the inspection.

The comments of staff, service users and their relatives have been included in the relevant report sections.

The inspector and UCO would like to thank the manager, deputy manager, service users, relatives and staff for their support and full co-operation throughout the inspection process.

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 5 December 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 December 2017.

5.0 How we inspect

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

- previous RQIA inspection report and QIP
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the manager and deputy manager
- examination of records
- consultation with staff, service users' and relatives
- evaluation and feedback

The following records were viewed during the inspection:

- Service users' care records
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose

- Service User Guide

At the request of the inspector, the deputy manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received. In addition information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

As part of the inspection the UCO spoke with one service user and six relatives, by telephone, between 16 and 21 January 2019 to obtain their views of the service. The service users interviewed receive assistance with the following:

- Management of medication
- Personal care
- Meals

In addition, during the inspection the inspector spoke to nine domiciliary care workers.

Feedback received by the inspector and UCO during the course of the inspection is reflected throughout this report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 December 2017

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 5 December 2017

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 16 (2)(a)	The registered provider must ensure that each employee of the agency-(a) receives training appropriate to the work he is to perform.	Met

<p>Stated: Second time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>Action taken as confirmed during the inspection: Training records viewed indicated that staff had received training appropriate to the work they are to perform. It was noted that training compliance levels are monitored on a monthly basis.</p>	
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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 inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's recruitment process is coordinated by the organisation's Human Resources (HR) department in conjunction with the manager. The manager and deputy manager described recent initiatives used to recruit additional staff such as staff recruitment open days. The agency has a system for ensuring that a statement verified by the manager indicating that staff are physically and mentally fit for the purposes of the work which they are to perform is in place; a number were viewed by the inspector.

The manager and deputy manager stated that staff are not provided for work until all required pre-employment checks have been satisfactorily completed; discussions with the manager and deputy manager indicated that the process was robust.

The inspector noted from records viewed and discussions with the manager and deputy manager that the induction programme provided to new staff is in excess of the three day timescale as required within the domiciliary care agencies regulations. Induction records viewed and discussion with the manager, deputy manager and staff indicated that domiciliary care workers are provided with an initial three day induction followed by a number of shadowing visits with staff currently employed by the agency. In addition staff are required to complete corporate induction and review a range of policies and information relating to the job role.

The manager and deputy manager stated that the agency is currently in the process of piloting a new induction programme which staff will complete for the initial five days of employment; the inspector spoke to the staff currently involved in the pilot and feedback received was positive.

Staff are required to sign that they have received and understood the information provided in during the induction programme. The inspector viewed a number of individual staff induction records retained by the agency; they contained details of the information provided to staff

during their induction. It was noted that staff are required to sign that they have read and understood the information provided in the staff handbook.

Discussions with domiciliary care workers, service users and relatives indicated that staff had the appropriate skills to fulfil the requirements of their job roles. The agency maintains details of all staff induction, training, supervision and registration status with the Northern Ireland Social Care Council (NISCC).

The inspector discussed with the manager and deputy manager the process for ensuring that staff provided at short notice had the knowledge and skills for the job roles. The manager and deputy manager stated that all staff must complete the full induction programme prior to being supplied for work.

Discussions with the manager, deputy manager and staff demonstrated that the agency endeavours to ensure the required number of experienced persons are available to meet the assessed needs of individual service users. The inspector viewed the agency's electronic rostering system. Staff who spoke to the inspector indicated that they felt there were adequate staff.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. It was noted that staff are required to participate in six monthly supervision and annual appraisal; staff are provided with a supervision agreement. Records reviewed by the inspector indicated that staff had received supervision and appraisal in accordance with the agency's policies. It was identified that a record of staff supervision and appraisal are maintained; information viewed was noted to be retained in a well organised manner.

The manager, deputy manager and staff could describe the process for identifying the training needs of individual staff and their responsibility for ensuring that training updates are completed as required. It was noted that domiciliary care workers were required to complete training in a range of mandatory areas and in addition training specific to the individual needs of service users. The agency has a system for recording training completed by staff; information viewed indicated that the staff had completed the required training.

The agency retains details of the registration status and expiry dates of staff required to be registered with the NISCC and retains copies of staff certificates. The manager and deputy manager stated that staff are alerted when their registration is required to be renewed and provided assurances that staff would not be supplied for work if they are not appropriately registered. It was identified that the information is reviewed weekly as part of the agency's management meeting; the inspector viewed evidence of the areas discussed at those meetings.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The agency's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and details the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

It was identified from discussions with the deputy manager, staff and training records viewed that staff are required to complete safeguarding training during their induction programme and in addition an update two yearly.

Service users and relatives who spoke to the UCO could describe what they would do if they had any concerns in relation safety concerns or the care they received. Staff who spoke to the inspector were knowledgeable in the process for raising concerns and stated that the seniors were very supportive.

Discussions with the manager and deputy manager evidenced that the agency has a process for maintaining a record of referrals made relating to alleged or actual incidences of abuse to the Health and Social Care Trust (HSCT) adult protection team and if required other relevant stakeholders. Records viewed and discussions with staff indicated that the agency has acted in accordance with the policies and procedures in managing referrals made in relation to adult protection matters. The inspector noted that records retained were comprehensive; and detailed actions taken and information relating to agreed protection plans. The records were noted to be retained in a well organised manner.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. It was identified that prior to commencement of a service the agency receives a range of relevant assessments and information from the referrer. The inspector viewed a range of risk assessments in place relating to a number of service users.

The manager and deputy manager could describe the process for ensuring that service users are involved in the development of their individual care plans. Care plans and a timetable of service are provided for staff in the homes of the service users; it was identified that care plans are reviewed at least annually. It was identified that a small number of care plans had not been signed by the service user; the manager and deputy manager stated that care plans in the service users' home are signed.

The agency contributes to reviews involving the service users' HSCT keyworkers as appropriate. The inspector viewed evidence of monitoring visits completed by the team co-ordinators.

The agency's office accommodation is located in Downpatrick. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were lockable, an intercom system was in place to gain access, records were stored securely and in a well organised manner and that PC's were password protected.

The UCO was advised by all of the service users and relatives spoken to that they had no concerns regarding the safety of care being provided by the agency. They indicated that care is provided by teams of regular care workers; they indicated that this important as it enables a relationship to develop between the service users and carers.

No issues regarding the skills of the care workers were raised with the UCO by the service users or relatives; examples of care provided included assistance with moving and handling, management of medication and oxygen therapy. All of the service users and relatives spoken to confirmed that they could approach the care workers and staff in the agency office if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "No issues at all."
- "Very happy with the service."
- "We're both very happy with the carers."

Comments received from domiciliary care workers:

- “Service users are well cared for.”
- “We get plenty of training, the manager is approachable.”
- “I have worked here 33 years, I love my job.”
- “We get great supervision; I have no concerns.”
- “I feel we help service users to be safe and stay in their own homes.”
- “I enjoy my job.”
- “Training and induction is good; I have enjoyed this first week.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision, appraisal and the agency’s management of adult protection matters.

Areas for improvement

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 inspector reviewed that agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency’s Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

The agency had a data protection policy; records viewed during the inspection were noted to be retained in an organised and secure manner. The inspector noted that domiciliary care workers had received training relating to record keeping. The manager and deputy manager provided assurances that all records pertaining to the agency are retained securely at all times.

The manager, deputy manager and staff could describe the processes used for supporting service users and were appropriate their relatives to be engaged in the care planning and review processes. During the inspection the inspector viewed a number of individual service user care records; it was noted that staff are required to record details of the care and support provided at each visit.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users; this includes a process for completing quality monitoring audits of the agency on a monthly basis.

The inspector viewed the agency’s quality monitoring reports of the visits completed by the manager from another of the organisation’s registered facilities. The reports viewed were noted to be comprehensive and contain an action plan; they indicated that the process was effective

and robust. Details of the review of the previous action plan, review of accidents, incidents, safeguarding referrals, staffing arrangements, training compliance levels, care records and complaints were included in the reports. The reports were noted to include comments made by service users, and where appropriate their representatives.

Feedback recorded on quality monitoring reports:

- “Staff are lovely, very helpful and caring.”
- “Service excellent and carers could not do anymore.”

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and their relatives indicated that the agency’s staff communicate appropriately with them.

The manager could describe the processes used to develop and maintain effective working relationships with other HSCT representatives and relevant stakeholders were appropriate.

The agency facilitates regular staff meetings; minutes of meetings viewed indicated that a range of information is discussed at each meeting and that staff are provided with the opportunity to raise concerns.

The UCO was informed by the service users and relatives spoken to that they had no concerns regarding the timekeeping of staff, missed calls or care being provided in a rushed manner. Service users advised that care is usually provided by a team of regular care workers and stated that they are informed if a different care worker is being provided.

No issues regarding communication between the service users, relatives and staff from the agency were raised with the UCO. The service users and relatives advised that monitoring visits and telephone contact has taken place by the agency to obtain their views on the service provided. A number of the service users and relatives spoken to confirmed 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:

- “Been a great help to us.”
- “It’s reassuring that someone calls to check on XXX when I’m out.”
- “We like that there is consistent carers and they know us well.”

Comments received from domiciliary care workers:

- “Love my job and love the clients; just wish we could do more sometimes.”
- “There are three staff in our team; it is a good wee team.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing and quality monitoring arrangements and engagement with service users, and where appropriate their relatives and other key stakeholders.

Areas for improvement

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.

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector noted that domiciliary care workers receive information and training relating to human rights, equality and diversity, and confidentiality during their induction programme. Discussions with the manager, staff, service users and relatives and records viewed indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the agency and in the way care is provided.

Service user care records viewed in the agency office were noted to contain information relating to their individual life histories, their care needs and preferences. Staff could describe how service users and where appropriate their relatives are encouraged to make decisions about the care and support they receive. It was noted that service users sign their assessment records and a service user agreement to indicate that they have been involved in the assessment and care planning process. The deputy manager and staff who spoke to the inspector described ways how they endeavour to provide care and support in a person centred manner.

The inspector discussed arrangements in place relating to the equity 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 in a safe and effective manner. It was positive to note that domiciliary care workers had received training relating to equality and diversity; staff could describe how this equips them to effectively engage with a diverse range of service users.

Discussions with the service users, their relatives', staff, the manager and deputy manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective service user involvement
- appropriate stakeholder involvement
- equity of care and support
- provision of care in an individualised manner

Records viewed and discussions with staff and service users indicated that the agency has a range of methods for obtaining and recording comments made by service users and/or their representatives. Records of service user monitoring visits, the monthly quality monitoring process and care review meetings visits indicated effective engagement with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency’s complaints/compliments process, monitoring visits and care review meetings. The inspector noted that the agency’s quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

All of the service users and relatives spoken to by the UCO indicated that care was provided in a compassionate manner. The service users and relatives advised that care workers treat them respect. It was noted that as far as possible, service users are have choice in regards to meals and personal care.

The agency has sought the views of service users and relatives through home monitoring visits, telephone contact and questionnaires to obtain their views on the care that has been provided. Examples of some of the comments made by service users or their relatives are listed below:

- “Very polite and friendly.”
- “Couldn’t fault them.”
- “Have got to know them all.”

Comments received from domiciliary care workers:

- “Service users are well cared for.”
- “I love listening to people and spending time with them.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care to meet the individual assessed needs of the service users. There was evidence of the effective engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of improving the quality of the service provided.

Areas for improvement

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.

The inspector reviewed the management and governance systems in place within the agency to effectively meet the assessed needs of individual service users. The agency is managed on a day to day basis by the manager supported by the deputy manager, area managers and a number of team co-ordinators. The deputy manager could describe the process for staff and service users to obtain support and guidance at any time including out of hour arrangements. Service users and relatives who spoke to the UCO confirmed that they were familiar with the procedure for contacting the agency if required. Staff who spoke to the inspector could describe the process for obtaining support and guidance.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained both electronically and in a paper format; staff can access if required.

The agency's complaints policy and procedure outlines the process for managing complaints; discussions with the manager and deputy manager indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received awareness training in relation to management of complaints. Service users and relatives spoken to could describe the process for raising concerns.

The agency maintains a record of complaints received. It was noted from records viewed and discussions with the manager that complaints received since the previous inspection had been managed in accordance with the agency's policy. Complaints are audited on a weekly basis at the management meeting and in addition, monthly as part of the agency's quality monitoring process.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager and deputy manager indicated that the agency's governance arrangements promote the identification and management of risk.

Systems in place include the provision of required policies and procedures, supervision and monitoring of staff in the homes of service users, monthly monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. The inspector viewed evidence of effective collaborative working relationships with relevant stakeholders. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal.

The agency has recently introduced a system for monitoring incidents, safeguarding referrals, complaints, staffing arrangements including training and NISCC registration and late or missed calls on a weekly basis. The inspector viewed the reports developed and noted that the information is reviewed and discussed with the management. The deputy manager could describe the benefits of reviewing this information and of identifying areas for improvement.

The organisational and management structure of the agency is outlined in the Service User Guide; it details lines of accountability. It was noted that staff are provided with a job description at the commencement of employment and that staff receive support and guidance during supervision and appraisal processes. Service users and relatives who spoke to the UCO were aware of staff roles.

The registered person has worked effectively with RQIA to operate and lead the agency in maintaining compliance with Regulations and Minimum Standards. It was noted that the agency’s Statement of Purpose and Service User Guide were required to be updated to include the details of the current management arrangements; assurances were provided that this would be actioned immediately following the inspection.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

All of the service users and relatives spoke with by the UCO 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.

Comments received from domiciliary care workers:

- “I get support from the office; I can ring if I am worried about anything.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements including the quality monitoring process; engagement with staff and service users and the management of complaints and incidents.

Areas for improvement

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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