

Unannounced Care Inspection Report 05 December 2017



Domiciliary Care Services

Type of service: Domiciliary Care Agency

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Inspector: Joanne Faulkner

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Assurance, Challenge and Improvement in Health and Social Care

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 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.

3.0 Service details

Organisation/Registered Provider: South Eastern Health & Social Care Trust Responsible Individual(s): Hugh Henry McCaughey	Registered Manager: Elaine Somerville
Person in charge at the time of inspection: Deputy Manager	Date manager registered: Acting manager

4.0 Inspection summary

An unannounced inspection took place on 5 December 2017 from 10.00 to 16.00.

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 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 recruitment, staff supervision and appraisal, communication with service users, engagement with relevant stakeholders and the agency's quality monitoring processes.

One area for improvement in relation to staff training identified during the previous inspection has been assessed as partially met and will be restated for a second time.

Comments made by service users are included within the report.

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	0

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, 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 24 November 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 November 2016.

5.0 How we inspect

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

- Discussion with the person in charge
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

Prior to the inspection a range of information relevant to the service 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

During the inspection the inspector met with the person in charge, a care co-ordinator, a Health and Social Care Trust (HSCT) professional and three staff members.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Risk Management Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Complaints Policy
- Information Governance and Data Protection Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that organisation's Human Resources (HR) department to review the agency's staff recruitment records; details of the findings are included within the report.

At the request of the inspector, the person in charge was asked to display a poster within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

On 20 November 2017 prior to the inspection the User Consultation Officer (UCO) spoke with four service users and eight relatives, either in their own home or by telephone, to obtain their views of the service. The service users interviewed have received assistance with management of medication, personal care and meal provision. The UCO also reviewed the agency's documentation relating to four service users.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

The inspector would like to thank RQIA's user consultation officer, the person in charge, staff and service users for their support and co-operation during the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 November 2016

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 24 November 2016

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
Requirement 1	The registered provider must ensure that each employee of the agency-(a) receives training appropriate to the work he is to perform.	Partially met
Ref: Regulation 16 (2)(a) Stated: First time	Action taken as confirmed during the inspection: The inspector viewed the staff training records and noted that full compliance has been achieved in a number of areas. It was noted that Manual Handling update training	

	compliance levels have increased to 82%; the person in charge discussed the challenges in access this training.	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Recommendation 1 Ref: Standard 15.10 Stated: First time	Records are kept of all complaints and these include details of all communications with complainants, the results of any investigation and the action taken.	Met
	Action taken as confirmed during the inspection: The inspector viewed that agency’s complaints documentation and noted that a record is maintained of all complaints; they include details of all communications with complainants, the outcome of any investigation and the action taken.	

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 inspection reviewed the agency’s systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The agency’s staff recruitment process is managed by the organisation’s Human Resources (HR) department. Prior to the inspection the inspector visited the organisation’s HR department and reviewed a number of staff personnel records. Documentation viewed included details of the agency’s recruitment processes and evidence of pre-employment checks completed. Documentation viewed and discussions with HR personnel indicated that the organisation’s recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency’s recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Staff records retained at the agency’s office and in the HR department were noted to be retained securely and in an organised manner.

The agency’s induction policy outlines the induction programme noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was noted that staff are required to complete corporate induction, a range of mandatory training and in addition shadow other staff during their induction period.

A record of the induction programme provided to staff; is retained; the inspector viewed a number of staff induction records. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The person in charge stated that relief staff are not accessed from another domiciliary care agency; they described the process for ensuring that staff provided at short notice have the required skills and knowledge to fulfil the requirements of the role.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. It was noted that following a recent workforce review additional team co-ordinators are to be provided.

The agency's staff supervision and appraisal policies outline the timescales and procedures to be followed. The agency provides staff with a supervision contract and retains a record of staff supervision and appraisal; those viewed by the inspector indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures.

The inspector viewed details of training completed by staff; records viewed indicated that staff had completed a range of training appropriate to their job roles. Staff are required to complete corporate induction training, a range of mandatory training and training specific to the needs of individual service users. Staff could describe the process for identifying training needs and for ensuring that required training updates are completed. The agency records compliance levels in relation to training completed; this information is audited by the person completing the agency's monthly quality monitoring visit. It was noted that compliance levels for Manual Handling training has increased from 65% to 82% since the previous inspection. The person in charge described the proposed plans in place to ensure full compliance.

One area for improvement in relation to staff training identified during the previous inspection has been assessed as partially met and will be restated for a second time.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was identified that the organisation is currently updating its policy and procedures to reflect information contained within the regional policy. The current policy and procedures outline the procedure for staff in relation to reporting concerns.

The agency maintains a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. The inspector discussed with the person in charge the need to ensure that they consistently record the outcome of any investigation. Documentation viewed and discussions with the person in charge indicated that the agency has made a number of referrals in relation to adult protection matters and had acted in accordance with their current procedures.

Staff are required to complete safeguarding vulnerable adults training during their induction programme and an update two yearly. It was noted that the compliance level for adult safeguarding training was 100%. Staff demonstrated that they had a clear understanding of adult safeguarding matters and the process for reporting concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. The agency's assessment and care planning policy outlines the process for assessing and reviewing risk.

It was identified that the agency has a range of risk assessments in place relating for individual service users. The agency receives a range of relevant information and assessments relating to individual service users prior to them receiving care and support.

Staff described how they support service users to be involved in the development and review of their care plans. Staff stated that they record the care and support provided to service users at each visit. Service users have an annual review involving their HSCT keyworker and care plans are reviewed and updated as required.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by the agency. Service users are usually introduced to new carers, or advised of their name, by a regular member of staff or supervisor.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling and management of medication. One relative felt that it would be beneficial for relief carers to be more aware of the care required. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns.

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

- "Not a thing to complain about."
- "Very happy with the carers; would give them 100%."
- "Wouldn't change the girls for anything."

Comments received during inspection.

Staff comments

- 'I get supervision.'
- 'The co-ordinators will do monitoring visits.'
- 'I feel service users are safe.'
- 'I go to the staff meetings; they are compulsory.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's staff recruitment processes, supervision, appraisal, and adult protection.

Areas for improvement

One area for improvement in relation to staff training identified during the previous inspection has been assessed as partially met and will be restated for a second time.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed. The Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

The agency's management of records policy outlines the procedures for the creation, storage, retention and disposal of records. Documentation viewed both prior to and during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed by the inspector at the organisation's head office prior to the inspection were noted to be maintained in an organised manner; documentation held in the agency's office was noted to be organised and retained securely.

The person in charge could describe the processes used for supporting service users to be involved in the development of their care plans; it was identified that service users are provided with a copy of their care plan and timetable of services during the agency's initial monitoring visit. The agency requests that service users sign their care plan to indicate that they have agreed to the care and support to be provided.

The inspector reviewed the agency's arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency has a system in place for monitoring the quality of the service provided; it was noted that the process involves a monthly audit visit being completed by a manager from another of the HSCT facilities. A manager from another of the organisation's registered facilities was completing a quality monitoring audit during the inspection. It was noted that the process seeks to obtain feedback from service users, relatives and relevant stakeholders in relation to the quality of the service provided.

Records of quality monitoring visits were noted to include details of the review of the agency's systems and an improvement plan. The documentation includes details of the review of accidents, incidents or safeguarding referrals, practices deemed as restrictive, complaints, medication, care plans and staffing arrangements. It was noted that the person completing the monitoring visit records the comments made by service users, and where appropriate their representatives.

The person completing the monthly audit stated that they felt the agency was 'well run' and that 'communication was good'. The described an open and honest relationship with the agency staff.

Comments made by service users and their representatives and included in quality monitoring reports

- 'I get on with them all.'
- 'Service is outstanding; staff show compassion.'
- 'Lost without the service.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with the person in charge, staff, a HSCT representative and service users, and observations made during the inspection indicated that staff communicate appropriately with service users.

Staff were knowledgeable about the individual needs of service users; they could describe the methods used to support service users to remain at home.

The agency facilitates monthly staff meetings; it was identified from records viewed that a range of standard items are discussed at each meeting, they include operational matters, policies, staffing, on call and service user issues. The manager stated that a 'staff engagement workshop' was planned for January 2018.

Discussions with the person in charge, a HSCT representative and staff demonstrated that they endeavour to develop and maintain effective working relationships with the other HSCT representatives and relevant stakeholders. The inspector viewed evidence of engagement between the agency's staff and HSCT keyworkers and observed appropriate interactions during the inspection.

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

One issue regarding communication was raised with the UCO in relation to changes of call times; this was discussed with the acting registered manager. Home visits have taken place and questionnaires issued by the agency to obtain the service users' views on the service. Some of the service users and relatives interviewed were able to confirm that observation of staff had taken place. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't say a bad word about any of them."
- "Very reliable."
- "Know XXX very well. Have developed a good rapport."

As part of the home visits the UCO reviewed the agency's documentation in relation to four service users and it was noted that one care plan was out of date and a medication log was not consistently completed. This information was provided to the person in charge.

Comments received during inspection.

Staff comments

- 'The block of training was good.'
- 'I feel listened to.'
- 'I find my job very rewarding I have worked here for 30 years.'
- 'I enjoy my job; I always strive to do well.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and communication with staff, service users and relevant 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 assessed the agency’s ability to treat service users with dignity and respect, and to engage service users in decisions affecting the care they receive. Discussions with the person in charge and staff indicated that the values such as choice, dignity and respect were embedded in the culture of the organisation; staff stated that they had received training in relation to confidentiality and human rights.

Staff could describe the methods used for supporting service users to make informed choices and for ensuring that their views and wishes are respected. During the inspection the inspector observed a number of staff speaking to service users on the telephone and noted that they were respectful and polite.

There are a range of systems in place to promote effective engagement with service users in conjunction with the HSCT community keyworker; they include the agency’s monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. It was identified that the agency’s quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The agency has processes in place to record comments made by service users; details of the annual service user satisfaction survey, records of service user care review meetings, monitoring visits and quality monitoring reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

The inspector noted that following the return of the service user satisfaction surveys an action plan was developed. It was good to note that the details of the most recent survey completed in October 17 indicated that 98% of service users felt that staff were polite and courteous and 100% felt that that staff maintain the privacy and dignity of service users whilst providing the care.

Comments from returned service user satisfaction survey, October 2017

- ‘I find them nice and enjoy their company while they are here and they make me feel comfortable.’

- ‘My usual staff will introduce themselves politely by saying good morning; I know who they are.’
- ‘My night time carers are very special.’
- ‘I have found the carers very helpful.’
- ‘I do appreciate the time spent with them as it is a good help chatting with them when I am unable to go out and meet people.’

Comments from compliments received

- ‘A ray of sunshine; they give tremendous support. I am grateful for their support.’
- ‘The ladies that call have been handpicked.’
- ‘I would be lost without *****; a lot of praise for the attention to care.’
- ‘The kind care from the carers; they are like mothers looking after their children.’

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

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

- “Really nice and patient. Take the time to chat with XXX.”
- “I enjoy the banter.”
- “Very pleasant.”
- “We look forward to them coming.”

Staff comments

- ‘The service users are listened too.’
- ‘I feel valued.’

Areas of good practice

There were examples of good practice identified in relation to the agency’s processes for engaging with service users, obtaining feedback from service users and stakeholders, effective communication and providing care in an individualised manner.

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 agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is currently managed on a day to day basis the deputy manager and team co-ordinators. Staff who met with the inspector could describe the process for obtaining support from senior management if required.

The agency has a range of policies and procedures noted to be in accordance with those as required within the minimum standards; they are retained in an electronic format which staff can access and in a paper format stored in the agency's office. During the inspection the inspector viewed a number of the organisation's policies; it was identified that the majority viewed had been reviewed and update in accordance with timescales for review as outlined within the minimum standards. The person in charge stated that staff are required to sign that they have read and understood the agency's policies and procedures.

The agency's procedures for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users were reviewed. Records viewed and discussions with the staff indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of complaints, accidents, incidents, safeguarding referrals and incidents notifiable to RQIA.

It was identified that the agency's complaints policy, April 2014 is currently being reviewed. The agency's complaints policy outlines the process for effectively handling complaints; discussions with staff indicated that they had a clear understanding of the actions required in the event of a complaint being received. It was noted that staff receive training in relation to managing complaints during their corporate induction programme.

The agency retains a record of all complaints or compliments received. It was noted from discussions with the person in charge and records viewed that the agency has received a number of complaints since the previous inspection. The inspector identified from records viewed that the agency has acted in accordance with their policy and procedures in the management of complaints and records the outcome of the investigation of any complaints received.

Documentation viewed and discussions with the person in charge indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for the ongoing review of incidents, accidents, safeguarding referrals and complaints. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, training, supervision and appraisal.

The organisational and management structure of the agency is outlined in the statement of purpose. Staff who spoke to the inspector had a clear understanding of their job roles and responsibilities; it was noted that staff are provided with a job description at the commencement of their employment. Staff demonstrated that they had a clear understanding of the procedure for raising concerns and had knowledge of the agency's whistleblowing policy. It was good to note that the staff who met with the inspector had all been employed by the agency for at least 25 years.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body; copies of individual staff member's registration certificates are retained by the agency and monitored by the deputy manager. Discussions with the person in charge provided assurances that the agency has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No complaints had been made regarding the service or management.

Comments received during inspection.

Staff comments

- 'I ring the office if I have any worries.'
- 'We feel supported in our jobs.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements, registration with regulatory bodies and management of complaints.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, 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/or 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	
Area for improvement 1 Ref: Regulation 16 (2)(a) Stated: Second time To be completed by: Immediate from the date of inspection	The registered provider must ensure that each employee of the agency-(a) receives training appropriate to the work he is to perform. Response by registered person detailing the actions taken: The service will arrange manual handling training well in advance as the training provider can only accommodate 8 staff at a given session. As the report verifies much effort has been placed on training compliance since last year and the freeze days will continue for all other areas of training.

Please ensure this document is completed in full and returned via Web Portal



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