

Unannounced Inspection Report 24 November 2016



Domiciliary Care Services

Type of service: Domiciliary Care Agency

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Inspector: Michele Kelly

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Domiciliary Care Services took place on 24 November 2016 from 10:00 to 16:00 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

One area for quality improvement was identified and refers to ensuring all staff meet mandatory training requirements.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of rehabilitation and support plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified.

Is the service well led?

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

One area for quality improvement was identified and concerns ensuring full records are kept of all complaints.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jane Lindsay, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection 26 November 2015 .

2.0 Service details

Registered organisation/registered person: South Eastern HSC Trust/Mr Hugh Henry McCaughey	Registered manager: Miss Jane Esther Frances Lindsay
Person in charge of the service at the time of inspection: Miss Jane Esther Frances Lindsay	Date manager registered: 26 February 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2016/2017
- Record of complaints notified to the agency.

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

- Discussion with the registered manager
- Consultation with care staff
- Examination of records

- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Induction records
- Supervision and appraisal policy and procedure
- Staff duty rota information
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Four service user records regarding referral, assessment, care planning and review
- Four service users' quality monitoring records
- Record keeping policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose(June 2015)
- Three monthly monitoring reports completed by the registered provider
- Three staff meeting minutes
- Complaints policy and procedure
- Two complaint records
- Incident records
- Five staff training, monitoring and supervision records.

As part of the inspection the User Consultation Officer (UCO) spoke with two service users and five relatives, by telephone, on 30 November and 01 December 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

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

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

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. There were no completed staff questionnaires returned to RQIA.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 November 2016.

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

4.2 Review of requirements and recommendations from the last care inspection dated 26 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.12 Stated: First time	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.	Met
	Action taken as confirmed during the inspection: The annual report for 2016 has not been fully completed as the registered manager had a period of secondment. The registered manager outlined strategies to ensure that views of stakeholders will be included in the 2016 report. The inspector viewed evidence in monthly monitoring reports that views of professionals and relatives as well as service users are valued and responded to.	
Recommendation 2 Ref: Standard 8.11 Stated: First time	The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. The report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.	Met
	Action taken as confirmed during the inspection: There was evidence of a robust system of monthly monitoring in accordance with written procedures. Late and missed calls are reviewed and recorded on monthly reports.	

4.3 Is care safe?

A range of policies and procedures was reviewed relating to staff selection, recruitment and induction training and found to be in compliance with relevant regulations and standards.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with regulations. The inspector viewed an induction record which confirmed that the induction process followed the organisation's procedures.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users has been attended by staff. There were some gaps in mandatory training which the inspector noted had also been identified in monthly monitoring reports. This matter was discussed with the manager responsible for co-ordinating training who outlined the measures taken to achieve compliance with mandatory requirements; in spite of these measures significant numbers of staff require updates in training in Vulnerable Adults, Manual Handling, Management of clients' money and Fire safety, therefore a requirement is made.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of vulnerable adults. Safeguarding training provided by the South Eastern HSC Trust includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Each of the care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

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 South Eastern HSC Trust's homecare service. Care is provided by regular carers; however new carers had not been introduced to the service user by a regular member of staff; this was felt to be important.

No issues regarding the carers' training were raised with the UCO by the service users or relatives. All of the service users and relatives interviewed confirmed that they could approach the carers if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Absolutely brilliant."
- "Couldn't ask for better."
- "Would give them 100%."

The inspector examined the agency's arrangements to identify and manage risk. The inspector viewed referral and review arrangements with the HSC Trust which included minutes of multidisciplinary meetings, HSC professional assessments, and updated risk assessments and care plans.

Areas for improvement

One area for quality improvement was identified and refers to ensuring all staff meet mandatory training requirements.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision, including the use of restrictive interventions, is laid out in the Statement of Purpose (2015) and Service User Guide (2015)

The inspector reviewed the agency's procedure on 'management of missed calls' which provided clear guidance for staff; the registered manager confirmed that there had been some missed calls to service users during 2016. Records evidenced that these matters had been appropriately managed and addressed with the relevant area managers and care workers, and learning shared with staff to avoid recurrence. Monthly monitoring reports also record information in respect of missed or late calls.

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

Service user records evidenced that the agency carried out monitoring visits with service users regularly. Service user files also contained evidence of communications between the agency and trust care managers where changing needs were identified and reassessments resulted in amended care plans.

Staff supervision processes were reviewed for four staff members and found to be in compliance with the agency's policy timeframes.

Care workers interviewed following the inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Care workers described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping, missed calls or that care has been rushed. Service users advised that they were usually not introduced to new carers by a regular carer although new carers were aware of the care required.

No issues regarding communication between the service users, relatives and staff from the South Eastern HSC Trust's homecare service were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place on a regular basis. Some of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package and they have received questionnaires from the agency to obtain their views on the service.

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

- "Very happy with the service."
- "Excellent."
- "Would recommend them."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

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.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires on a regular basis to ensure satisfaction with the care that has been provided by the South Eastern HSC Trust's homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- “They’re very good with my XXX.”
- “Couldn’t say a bad word about them.”
- “Have a great rapport with them”

Records viewed in the agency office and discussions with staff confirmed that observation of staff practice was carried out within service users’ homes on an ongoing basis. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency’s policy.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

On the date of inspection the RQIA registration certificate was up to date and displayed appropriately.

Discussion with the registered manager, area manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities. Written communications with trust professionals/commissioners was viewed during inspection and supported an open and transparent communication system between the agency and the commissioning HSCT professionals.

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

Review of two complaints during inspection did not evidence that appropriate procedures for recording information are in place. Records were not held in a central log and the inspector was not satisfied that details of all communications with complainants were readily available. The complaints had been investigated appropriately but a recommendation has been made in accordance with Standard 15.10. Monthly quality monitoring reports did include a section for complaints review ongoing as necessary.

Discussion with the registered person and area manager indicated that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed the monthly monitoring reports for August, September, October and 2016. This reports evidenced that the registered person thoroughly monitors the quality of service provided in accordance with minimum standards.

The five care staff interviewed indicated that they felt supported by senior staff. They described senior staff as always available to discuss matters either in person or via the telephone. Staff also discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as important strategies in ensuring optimum care is provided to service users.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

Areas for improvement

One area for quality improvement was identified and relates to retention of complaints records in accordance with Standard 15.10. A recommendation has been made in this regard.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

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

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the domiciliary care 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.

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 16 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by 24 February 2017</p>	<p>The registered provider must ensure that each employee of the agency-(a) receives training appropriate to the work he is to perform.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The service will ensure mandatory training is compliant by providing additional support to the Domiciliary Area Manager currently responsible for scheduling and delivery of training. A training plan will be devised for the year ahead to ensure this can be reviewed on an ongoing basis and action taken in a timely manner.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 15.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the time of inspection</p>	<p>Records are kept of all complaints and these include details of all communications with complainants, the results of any investigation and the action taken.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>A central complaints file with a log and supporting documentation has been implemented</p>

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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