

Unannounced Care Inspection Report 25 July 2016



Western Health & Social Care Trust Home Care Department Spruce Villa

Type of Service: Domiciliary Care Agency
Address: Gransha Park, Clooney Road, Londonderry BT47 6TF
Tel No: 02871 864385

Inspector: Caroline Rix

1.0 Summary

An unannounced inspection of Spruce Villa took place on 25 July 2016 from 10.00 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous 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 ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

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 care and support plans. The agency's systems of quality monitoring were found to be 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 during the inspection:

- The agency's complaints procedure is recommended to be reviewed to include the contact details of the Northern Ireland Public Services Ombudsman and this revised information shared with service users.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Martin McGeady, 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organization/registered provider: Western Health and Social Care Trust/Elaine Way	Registered manager: Martin Edward McGeady
Person in charge of the agency at the time of inspection: Martin Edward McGeady	Date manager registered: 8 June 2011

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report

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

- Discussion with the registered manager and the training and governance officer
- Consultation with four care workers

- Examination of records
- File audits
- Evaluation and feedback

As part of the inspection the UCO spoke with four service users and six relatives, either in their own home or by telephone, on 25 and 28 July 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with personal care and meals. The UCO also reviewed the agency's documentation relating to five service users.

On the day of inspection the inspector met with four 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. Two completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Three service user daily recording logs
- Two service user records in respect of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff Handbook
- Minutes of staff meetings held from February to July 2016
- Service user compliments log
- Complaints log and records
- Monthly monitoring reports for April to June 2016
- Annual quality report 2015/2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, appraisal, induction, training and development, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2015/20

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 25 January 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

The agency currently provides services to 454 service users living in their own homes.

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

Four staff files were sampled relating to recruitment of care workers which verified that all the pre-employment information and documents had been obtained as required. The organisation, Western Health and Social Care Trust (WH SCT) human resources department, manages and co-ordinates the staff recruitment and selection function for the homecare agency. The human resources officer provides written confirmation to the registered manager verifying all the pre-employment information and documentation has been obtained relating to each new domiciliary care worker. The registered manager confirmed that the pre-employment information is available to him for review at any time.

An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained. One of the four care staff interviewed, who had commenced employment within the last year, described the recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

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 Western Trust's homecare service. New carers had been introduced to the service user by a regular member of staff or supervisor; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling and use of equipment. All of the service users and relatives interviewed confirmed that they could approach both 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:

- "All very good."
- "Couldn't fault them."
- "Doing a grand job."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed.

The agency's 'Abuse of Vulnerable Adults' policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered manager and training/governance officer who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document.

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

The training/governance officer confirmed that the revised DHSSPSNI guidance would be included within the update training on Abuse of Vulnerable Adults scheduled for all care workers during October 2016.

Each of the four care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. The inspector viewed the records relating to a whistleblowing report regarding a care workers manual handling practice, which had been appropriately managed.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme. Competency assessments in the area of safeguarding vulnerable groups and manual handling were reviewed and found to be appropriately detailed. The inspector reviewed competency assessments for four staff members during inspection which were signed off by the trainer. Review of staff training for all staff on the agency's training matrix for 2016 included each of the required mandatory training subject areas along with other training relevant to service users' care needs e.g. Parkinson's disease and dementia awareness.

Staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency is usually invited to attend or contribute in writing to the commissioning trust arranged care review meetings with service users/representatives where issues have been identified. The registered manager confirmed they receive an amendment form from the trust detailing any agreed change to the original care plan.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.3 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care had been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency.

Service users confirmed that they were usually introduced to new carers by a regular carer or supervisor, and new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from the Western Trust were raised with the UCO. There were mixed results regarding home visits and phone calls having taken place or that service users have received questionnaire ensuring their satisfaction with the service. The majority of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package.

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

- "Very good to me."
- "My XXX speaks highly of them."
- "Makes me feel better that someone always calls with me."

During the home visits, the UCO reviewed the agency's documentation in relation to five service users. It was noted that two care plans require to be updated. It was noted that two care plans required updating, which was discussed with the registered manager. The inspector was satisfied with the assurance given that these would be addressed immediately.

The agency's policy and procedure on 'Recording and Reporting Care Practices' was viewed and found to contain clear guidance for staff. The inspector reviewed three completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff, with no practice issue identified.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs were identified.

The registered manager confirmed ongoing discussion of records management during team meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic. Minutes of staff meetings viewed for February to July 2016 confirmed this area had been discussed.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust.

The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or representatives' views had been obtained and where possible, incorporated.

Staff interviewed on the day of 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. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Service user records evidenced that the agency carried out monitoring visits with service users six monthly, and telephone contacts six monthly, along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

The inspector reviewed the agency's procedure on 'management of missed calls' which provided clear guidance for staff, the registered manager confirmed that there have been no service users calls missed during 2016.

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 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.

Staff supervision processes (spot check, supervision and appraisal which take place once per year for each process and staff member) were reviewed for four staff members and found to be in compliance with the agency policy timeframes.

Staff questionnaires received by RQIA indicated that they received supervision meetings and an annual appraisal.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care compassionate?

All of the service users and relatives interviewed by the UCO indicated that they felt that care was compassionate, that carers treat them with dignity and respect, and care has not been rushed. Service users and relatives reported that, as far as possible, they are given choice in regards to meals and personal care.

There were mixed results regarding views of service users and relatives being sought through home visits and questionnaires to ensure satisfaction with the care. Examples of some of the comments made by service users or their relatives are listed below:

- “They’re lovely.”
- “Treat me really well.”
- “I have only good things to say.”

The agency had requested the views of service users/relatives on the services being provided via their annual satisfaction questionnaires. The agency had completed an annual quality review report for 2015/16, with a summary report of findings and the improvements they planned to implement. The registered manager confirmed the improvements identified following their review were being introduced. The registered manager confirmed all service users had been provided with a copy of the annual report during June 2016.

The inspector confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. From the records reviewed by the inspector no staff practice issues were identified for improvement; records detailed observation of manual handling equipment usage and food preparation along with a variety of other tasks. It was good to note positive comments from service users had been recorded on their monitoring records.

The agency’s commendation records were viewed; these contained extremely positive feedback from service users/relatives and social workers which had been shared with staff individually and at team meetings.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care.

The staff interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service users’ needs.

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 the service well led?

The agency’s RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Martin McGeady, a homecare service manager and senior staff, a team of care workers provides domiciliary care and support to 454 people living in their own homes.

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

Discussion with the registered manager, office manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures in a range of formats.

The arrangements for policies and procedures to be reviewed, at least every three years, was found to have been implemented as part of the organisations governance department, with all of the policies sampled reviewed as required.

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 concerns regarding the management of the agency were raised during the interviews.

The agency's complaints procedure viewed was found to be in line with regulations and standards however this should be updated to include the contact details of the Northern Ireland Public Services Ombudsman and this revised information shared with service users.

Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 1 April 2015 to inspection date 25 July 2016 with a range of complaints recorded. The inspector reviewed a sample of three complaints records which supported appropriate management, review and where possible, resolution of each complaint. Records evidenced effective liaison with the trust key worker to resolve matters.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken with staff on receipt of incident reports.

The inspector reviewed the monthly monitoring reports for April to June 2016. These reports were found to be comprehensive and evidenced that the designated person had been monitoring the quality of service provided in accordance with minimum standards.

Areas for improvement

One area for improvement was identified during the inspection.

The registered person should review their complaints procedure to include the contact details of the Northern Ireland Public Services Ombudsman and provide this revised information to all service users.

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 this QIP were discussed with Martin McGeady, the 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 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 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

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

Recommendations

Recommendation 1

Ref: Standard 15.4

Stated: First time

To be completed by:
27 October 2016

The registered person should review their complaints procedure to include the contact details of the Northern Ireland Public Services Ombudsman and provide this revised information to all service users.

Response by registered provider detailing the actions taken:

The Western Trust's Homecare Department complaints procedure has always included the contact details for the Ombudsman [as verified in previous inspections]. During the inspection the inspector advised the Registered Manager that the Ombudsman's title and contact details had changed and that the complaints procedure should be updated to reflect this. The Registered Manager took immediate steps to affect the change and the inspector was provided with a hard-copy of the amended document as evidence. The document will be routinely provided to service users. The Registered Manager arranged for contact to be made with Northern Ireland Public Services Ombudsman's office to determine whether the old contact details as contained within the former version of the complaints procedure would still be valid should an individual attempt to make contact. The NI Public Services Ombudsman's office provided assurance that the old details would continue to be appropriately directed for the foreseeable future.

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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