

Unannounced Care Inspection Report

7 July 2016



Nursing and Caring Direct Ltd

Type of Service: Domiciliary Care Agency
Address: 2c The Sidings Office Park, Lisburn BT28 3AJ
Tel No: 02892605991
Inspector: Michele Kelly

1.0 Summary

An unannounced inspection of Nursing & Caring Direct Ltd took place on 7 July 2016 from 9.30 to 15.45.

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 supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

Two areas for quality improvement were identified regarding:

- Ensuring all policies are reviewed at least three yearly.
- Updating the agency's whistleblowing policy to include RQIA as an agency to whom staff can report concerns about poor practice.

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 have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

Two areas for improvement were recommended regarding:

- Detailing the date and arrival and departure times of every visit by agency staff and including actions or practice as specified in the care plan.
- Including information on the management of identified risks in the care plan.

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.

No areas for quality improvement were identified.

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	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jennifer Parker, 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization/registered provider: Nursing & Caring Direct Ltd/Liam O'Loane	Registered manager: Jennifer Ruth Parker
Person in charge of the agency at the time of inspection: Jennifer Ruth Parker	Date manager registered: 15 June 2011

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency

Prior to the inspection the UCO spoke with seven service users and nine relatives, either in their own home or by telephone, on 1 and 4 July 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

The UCO also reviewed the agency's documentation relating to eight service users.

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

- Discussion with the registered manager and training officer
- Consultation with four staff
- User Consultation Officer (UCO) report
- Examination of records
- File audits
- Evaluation and feedback

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Seven 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:

- Recruitment policy and procedure
- Two recently recruited staff members records
- Induction policy and procedure
- 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 and reporting care practices policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three monthly monitoring reports completed by the registered provider

- 2015 Annual quality report
- Two staff meeting minutes
- Complaints policy and procedure
- One complaint record
- Staff team meeting minutes
- Two incident records

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 8 March 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 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 the organisation is being managed in accordance with minimum standards.	Met
	Action taken as confirmed during the inspection: The inspector viewed three monthly monitoring reports referring to visits in April, May and June 2016. The reports summarised 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 the organisation is being managed in accordance with minimum standards.	

4.2 Is care safe?

A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards but to have been last reviewed in March 2012.

Two files were sampled relating to care staff verified that all the pre-employment information and documents had been obtained as required. 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.

Of the four care staff interviewed, one described induction 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 Nursing and Caring Direct Ltd. One relative advised of medication being missed on one occasion. This matter was discussed with the manager on the day of inspection who had investigated the issue but found no record of omitted medication. The registered manager agreed to remind care staff involved with the service user concerned of the importance of recording and reporting omitted medication. New carers are usually introduced to the service user by a regular member of staff; 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, use of equipment and management of medication. 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:

- "Couldn't be happier."
- "Works well."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were also reviewed. The Safeguarding policy and procedure (2011) provided information and guidance as required. The inspector discussed with the manager that this should be updated to reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adult's policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). There is a written policy on "Whistleblowing" (2012) and written procedures that identify to whom staff report concerns about poor practice. It is recommended that the agency's whistleblowing policy is amended to include RQIA as an agency to whom staff can report concerns about poor practice. 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 also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

Staff questionnaires received by the inspector confirmed that staff had received safeguarding update training during the previous year and all questionnaires returned indicated a high level of satisfaction with this service.

Areas for improvement

Two areas for quality improvement are identified and refer to

- Ensuring all policies are reviewed at least three yearly.
- Updating the agency's whistleblowing policy to include RQIA as an agency to whom staff can report concerns about poor practice.

Number of requirements	0	Number of recommendations:	2
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4.3 Is care effective?

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior carer or manager if any changes to service users' needs are identified. Staff questionnaire feedback confirmed ongoing monitoring/spot checks were being completed by their manager to ensure effective service delivery.

Four service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant risk assessments. The inspector noted that one care plan did not contain information about the management of an identified risk and a recommendation is made. The service user guide issued to service users at commencement of the care package includes details regarding services should service users require support in reviewing their care package or making a complaint. The agency has not been requested to provide the guide in an alternative format but confirmed they would accommodate this to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carries out care reviews with service users at least annually along with yearly questionnaires 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 result in amended care plans.

The agency had completed their annual quality review report for 2015 which outlined information returned in questionnaires completed by services users and or their representatives. 62 per cent of respondents were very positive about the agency and the report noted that 37% raised 'minor concerns' The manager provided assurance that these concerns which included timing of calls were addressed with individuals concerned.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding care being rushed or calls being missed by the agency; however concerns regarding timekeeping were raised, in particular with calls at weekends. The inspector discussed this with the registered manager who advised that new staff had been recently recruited to cover weekend work. The inspector also noted that the issue of late weekend calls was referenced in the monthly monitoring report and was being kept under review by the manager.

Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Nursing and Caring Direct were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place. 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 had received questionnaires from Nursing and Caring Direct to obtain their views on the service.

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

- “No concerns about the care.”
- “Brilliant; no complaints.”

During the home visits, the UCO reviewed the agency’s documentation in relation to eight service users and it was noted that a number of calls had not been recorded on the log sheets.

The manager assured the inspector that the agency will carry out audits of the files identified by the UCO and raise the matters with the appropriate staff during supervisions.

Questionnaire responses from staff to “Is care effective” indicated a high level of satisfaction with this service.

Areas for improvement

Two areas for quality improvement are identified:

- Agency staff must detail the date, arrival and departure times of every visit by agency staff and include actions or practice as specified in the care plan.
- The care plan should include information on the management of identified risks.

Number of requirements	0	Number of recommendations:	2
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4.4 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. During the home visits the UCO observed interactions between three carers and two service users; these were felt to be appropriate and friendly in nature.

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 Nursing and Caring Direct. Examples of some of the comments made by service users or their relatives are listed below:

- “I enjoy the craic with the girls.”
- “Couldn’t be better.”
- “Very lucky with our carers.”

Records viewed in the agency office 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 during spot checks and monitoring visits. It was good to note positive comments from service users had been recorded on their monitoring records.

The registered manager outlined the agency’s participation in a programme of care with ten services users at risk of skin problems.

The trust tissue viability team work in collaboration with 35 agency staff to equip them with the knowledge and skills necessary to promote skin integrity and enhance the comfort of service users.

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.

Areas for Improvement

No areas for improvement in relation to compassionate care 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 RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose and Service Users Guide had been reviewed in 2015.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. The arrangements for policies and procedures to be reviewed, at least every three years, was not found to have been implemented as a number of policies sampled were last reviewed during 2011 or 2012. These matters have been discussed in section 4.2 of this report and a recommendation made.

The complaints log was viewed for 2015 and 2016 to date, with one complaint recorded. Review of this complaint record supported appropriate review and resolution. Monthly quality monitoring reports included a section for complaints review.

Discussion with the registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Two reportable incidents had occurred since the previous inspection and had been appropriately notified to RQIA. All records were retained for inspection review. The inspector reviewed the monthly monitoring reports for April to June 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

The registered manager confirmed that three staff members are currently undertaking additional courses in teaching and training. The four care workers interviewed indicated that they felt supported by senior staff who were described as approachable and helpful.

The inspector was advised that no commissioning trust contract compliance matters had arisen since the previous inspection.

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.

Questionnaire responses from staff to “Is the service well led” indicated a high level of satisfaction with this service.

Areas for improvement

One area for quality improvement is identified and refers to:

- Ensuring all policies are reviewed at least three yearly

Number of requirements	0	Number of recommendations:	0
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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 Jennifer Parker, 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 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 8.19

Stated: First time

To be completed by:
7 September 2016

There is a written policy on “Whistleblowing” and written procedures that identify to whom staff report concerns about poor practice.

It is recommended that the agency’s whistleblowing policy is amended to include RQIA as an agency to whom staff can report concerns about poor practice.

Response by registered provider detailing the actions taken:
The registered manager has reviewed and amended Nursing and Caring Directs Whistle Blowing Policy to include the RQIA as an agency to whom they can report concerns about poor practice. This was amended on the 7th July 2016

Recommendation 2

Ref: Standard 9.5

Stated: First time

To be completed by:
7 September 2016

The registered person should establish a system to ensure that policies and procedures are subject to a systematic three yearly review.

Response by registered provider detailing the actions taken:
The registered Manager will ensure that all policies and procedures are systematically reviewed every 3 years all policies have currently been reviewed and or amended in accordance with this recommendation as of 23rd August 2016.

Recommendation 3

Ref: Standard 5.2

Stated: First time

To be completed by:
7 September 2016

The record maintained within the service user’s home should detail:

- The date and arrival and departure times of every visit by agency staff
- Actions or practice as specified in the care plan

Response by registered provider detailing the actions taken:
The agency recognises that some staff are still not completing home records and as a result The registered Manager issued all care staff with a memo stating the legal and contractual requirement for them to sign and date the arrival and departure times along with tasks, duties and wellbeing of service users at each call in their home file. The agency will continue to audit these records and where anomalies are found and individuals will be asked to attend one to one supervisions with Managers and will face disciplinary action for non compliance for re-occurrence.

Recommendation 4 Ref: Standard 3.3 Stated: First time To be completed by: 7 September 2016	<p>The registered manager ensures that the care plan includes information on the management of identified risks.</p> <hr/> <p>Response by registered provider detailing the actions taken: The registered manager has instructed all managers on the procedure for careplanning and incorporating identified risks to service users and others and how this must at all times be built into the careplan for the service user and carers stating clearly what the identified risk is how the identified risk is to be managed.</p>
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