

Announced Care Inspection Report 30 March 2018



Nursing & Caring Direct Ltd

Type of Service: Domiciliary Care Agency

**Address: 3c The Sidings Office Park, Antrim Road, Lisburn, BT28
3AJ**

Tel No: 02892605991

Inspector: Aveen Donnelly

www.rqia.org.uk

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

Nursing and Caring Direct Ltd is a domiciliary care agency based in Lisburn which provides a range of personal care, social support and sitting services to 260 people living in their own homes. Their services are commissioned by the South Eastern Health and Social Care (HSC) Trust and the Belfast Health and Social Care Trust.

3.0 Service details

| | |
|--|--|
| Organisation/Registered Provider: Nursing & Caring Direct Ltd Responsible Individual(s): Mr Liam O'Loane | Registered Manager: Mrs Jennifer Ruth Parker |
| Person in charge at the time of inspection: Mrs Jennifer Ruth Parker | Date manager registered: 15 June 2011 |

4.0 Inspection summary

An announced inspection took place on 30 March 2018 from 09.00 to 15.00 hours.

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.

There were examples of good practice found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. Care records were generally well maintained. Communication between service users, agency staff and other key stakeholders was well maintained. The culture and ethos of care in the agency, promoted treating service users with dignity and respect, where service users and their representatives were listened to and valued. There were good governance and management arrangements in relation to the day to day operations of the service.

Service users and relatives spoken with by the User Consultation Officer (UCO), provided feedback regarding the service provided by Nursing and Caring Direct Ltd in regards to safe, effective, compassionate and well led care. Some examples of good practice were highlighted and complimented and have been detailed within the body of this report. The staff members spoken with during inspection provided valuable feedback in terms of their work within the agency.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the registered manager, as part of the inspection process and can be

found in the main body of the report. Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 7 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 07 July 2016.

5.0 How we inspect

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

- previous inspection reports
- record of notifiable events for 2016/2017
- all correspondence received by RQIA since the previous inspection

Prior to the inspection the User Consultation Officer (UCO) spoke with ten relatives, by telephone, on 06 and 07 March 2018 to obtain their views of the service. The service users interviewed have received assistance in areas such as management of medication; personal care and assistance with housework; and meals preparation. A sitting service was also provided, as required.

During the inspection the inspector spoke with the manager, seven care staff and two HSC representatives.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff feedback was returned.

The following records were examined during the inspection:

- | | |
|--|---|
| • three staff recruitment records | • three service user records regarding review, assessment, care planning and quality monitoring |
| • staff induction, supervision and appraisal records | • RQIA registration certificate |
| • staff training records for 2016/2017 | • a selection of governance audits |
| • records relating to adult safeguarding | • a selection of policies and procedures |
| • records confirming registration of staff with the Northern Ireland Social Care Council (NISCC) | • complaints and compliments records |
| • daily logs returned from the service users' homes | • service user guide/agreements |
| | • statement of purpose |
| | • monthly quality monitoring reports. |

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 July 2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 7 July 2016

| Areas for improvement from the last care inspection | | |
|---|---|--------------------------|
| Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 8.19 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: A review of the Whistleblowing policy confirmed that this area for improvement had been met. | |
| Area for improvement 2 Ref: Standard 9.5 Stated: First time | The registered person should establish a system to ensure that policies and procedures are subject to a systematic three yearly review. | Met |
| | Action taken as confirmed during the inspection: Discussion with the manager and a review of the policies and procedures folder confirmed that there was a system in place to ensure that the policies were updated on a three yearly basis. | |

| | | |
|--|--|------------|
| Area for improvement 3 Ref: Standard 5.2 Stated: First time | The record maintained within the service user's home should detail: <ul style="list-style-type: none"> the date and arrival and departure times of every visit by agency staff actions or practice as specified in the care plan | Met |
| | Action taken as confirmed during the inspection: A review of the daily logs returned from the service users' homes, confirmed that records were maintained in line with best practice. | |
| Area for improvement 4 Ref: Standard 3.3 Stated: First time | The registered manager ensures that the care plan includes information on the management of identified risks. | Met |
| | Action taken as confirmed during the inspection: A review of three care records identified that the care plans included all areas of risk identified through the assessment process. | |

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 agency's registered premises are located at 3C, The Sidings Office Park, Lisburn and were suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of a deputy manager, senior carers and a team of carers. All those consulted with stated that the required staffing levels were consistently adhered to. The agency's staffing arrangements were discussed and the inspector was advised that there were sufficient staff employed, to meet the current level of care provision.

The UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by Nursing and Caring Direct. There were mixed results regarding new carers having been 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.

All of the 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 the relatives are listed below:

- “XXX tries to be independent but the carers help if necessary.”
- “No complaints whatsoever.”
- “Can’t fault any of them.”

Three recruitment records were reviewed, relating to recently appointed staff, which confirmed that pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. However, a review of the recruitment records identified that in one care record, a full employment history had not been obtained; and in another record, the applicant’s references did not include one from their last employer. This was discussed with the manager, who provided assurances that remedial action would be taken to address the matters. Confirmation of this was submitted to RQIA, by email on 4 April 2018.

There was a system in place to monitor the registration status of staff in accordance with NISCC. The manager discussed the system in place to identify when staff are due to renew their registration.

A review of records confirmed that all staff, had received a structured induction programme in line with the timescales outlined within the regulations. The review evidenced that the staff received the NISCC Code of Practice as part of the induction process.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. Staff consulted with confirmed that this included mentoring through formal supervision meetings, competency and capability assessments and completion of annual appraisals. These areas were monitored by the management team as part of their quality monitoring processes.

No issues regarding the carers’ training were raised with the UCO by the relatives; examples given included manual handling, use of equipment and management of medication. Discussion with staff and a review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date.

Additional training in areas such as pressure ulcer awareness, dementia awareness, palliative care, confidentiality and data protection had been provided. The inspector also noted that the manager validated the effectiveness of the training with each staff member. This was evidenced by worksheets, completed by the staff, where they were required to complete a quiz following specified training, to ensure that the learning had been embedded into knowledge. This is good practice. The inspector also noted that the agency had recently collaborated with the HSC trust to implement a system to manage and prevent skin pressure damage. This is good practice and is commended.

Staff spoken with were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. Discussion with the manager and a review of records evidenced that safeguarding incidents had been managed appropriately. However, the agency’s policies and procedures in relation to adult protection required to be reviewed in keeping with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 ‘Adult Safeguarding Prevention and Protection in Partnership’. Following the inspection, the registered manager forwarded the

updated policy to RQIA, by email on 4 April 2018. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager holds this responsibility and ensures that the agency’s safeguarding activity is in accordance with the regional policy and procedures.

A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols. Discussion with the manager identified that there was good management oversight of incidents which occurred within the agency. It was noted that the manager analysed all medication incident and additional supervisions and training were provided to staff, as required. This is good practice.

During the inspection the inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency’s arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The UCO was informed by the relatives interviewed that there were no concerns regarding the carers’ timekeeping or that care has been rushed. The relatives interviewed also advised that they had not experienced any missed calls recently from the agency. There were mixed results regarding new carers having been introduced to the service user by a regular member of staff. This was relayed to the manager for review and action, as appropriate.

The inspector examined three service users’ care records and found these to be detailed, personalised and reflective of the individuals’ preferences.

Care reviews with the HSC Trusts were noted to be held annually or as required. Discussion with the manager indicated that care and support plans were updated to reflect changes agreed at the review meetings.

The agency had quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives and staff. Advice was given to the manager in relation to ascertaining the views of HSC Trust representatives.

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

Examples of some of the comments made by the relatives are listed below:

- “Doing a great job.”
- “Some of the new carers aren’t aware of the care required.”
- “Reassuring to know that someone calls regularly with XXX and will contact us if anything is wrong.”

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. Staff meeting’ minutes reflected that there was effective communication between all grades of staff and this was supported by staff spoken with during inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency’s engagement with the service users.

Areas for improvement

No areas for improvement were identified in this domain 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.

All of the 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 to ensure satisfaction with the care that has been provided by Nursing and Caring Direct. Examples of some of the comments made by the relatives are listed below:

- “XXX is very fond of them.”
- “The girls are really nice.”
- “Really appreciate their help.”

The agency carried out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs.

Observation of staff practice carried out within service users’ homes on a regular basis was confirmed during inspection through records viewed in the agency office. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits and this was confirmed by the manager.

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

During the inspection, the inspector spoke with seven staff members who indicated that they were generally happy with the care and support provided by the agency. Some comments received are detailed below:

Staff

- “It is very good, you can go to them over anything.”
- “I like to think that we all go above and beyond what is required.”
- “It is grand, I have never had any problems.”
- “I like to treat (the service users) the way I would like my own father to be cared for.”
- “I have no concerns, communication is good.”
- “I am getting on very well.”
- “Everyone treats the (service users) as if they are our own family.”

Trust Representatives

- “I have no concerns whatsoever, they are very helpful and action everything.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified in this domain 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.

All of the 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 of the agency.

The organisational and management structure of the agency were outlined in the Statement of Purpose; it details lines of accountability. Discussion with the manager and staff indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency had a range of policies and procedures which had been updated in line with the domiciliary care agency minimum standards.

There was a process in place to ensure that complaints would be managed in line with the regulations and minimum standards. A review of the complaints records identified that they had been managed appropriately. It was also noted that complaints managements was also included in the staff induction process.

All those consulted with were confident that staff/management would appropriately manage any concern raised by them. The complaints procedure was up to date and included in the service users' guides.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011. Advice was given in relation to ascertaining the views of HSC Trust representatives and in relation to appending an action plan to the proforma used.

The annual quality review report for 2017 was in progress of being completed. Advice was given in relation to summarising of the findings. This will be reviewed at future inspection.

The staff members consulted with indicated that the manager and management team were supportive. Comments included 'you can go to them with anything' and 'they make us aware of any changes'.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with key stakeholders.

Areas for improvement

No new areas for improvement were identified in this domain during the inspection.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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