

Unannounced Care Inspection Report 6 December 2018



Nursing & Caring Direct Ltd

Type of Service: Domiciliary Care Agency

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3AJ

Tel No: 02892605991

Inspector: Michele Kelly

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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 is a domiciliary care agency based in Lisburn which provides a range of personal care, social support and sitting services to 300 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: 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: 15/06/2011

4.0 Inspection summary

An unannounced inspection took place on 6 December 2018 from 10.15 to 15.30 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 since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to service quality, care records and staff induction. This was supported through review of records at inspection and during feedback from service users, relatives and staff.

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. The inspector would like to thank the agency staff for their warm welcome and full cooperation throughout the inspection process.

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 Jennifer Parker, 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 30 March 2018

No further actions were required to be taken following the most recent inspection on 30 March 2018.

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 2017/2018
- All communications with RQIA

During the inspection the inspector spoke with the registered manager, the training manager and two care workers. Their feedback has been included throughout this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No staff responses were received.

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and five relatives, by telephone, on 17 December 2018 to obtain their views of the service. The service users interviewed receive assistance from the service with the following:

- Management of medication
- Personal care
- Meals

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, complaints management, safeguarding and incident reporting.
- Three staff recruitment records
- Three staff induction records
- Three staff supervision records
- Four staff appraisal records
- Two staff training records
- Staff training matrix
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Three service users' records regarding referrals, reviews and quality monitoring
- Three monthly monitoring reports.
- Notification and incident records
- Complaints log and records
- Compliments log and records

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 March 2018

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 March 2018

There were no areas for improvement made as a result of the last care inspection.

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 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. 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:

- "It's working well."
- "The girls are great."
- "Doing a great job."

A range of policies and procedures were reviewed relating to staff recruitment and safeguarding. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information has been obtained prior to commencement of employment. Documentation viewed by the inspector indicated that there is a clear recruitment system in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes. The inspector examined a sample of three staff personnel records; documentation viewed included details of the recruitment processes and evidenced that pre-employment checks had been completed in line with required regulations.

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered or have applied to be registered with the Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staff are due to renew registration with NISCC.

The induction programme for new staff was viewed, which included an induction procedure and support mechanisms in place which is compliant with Regulation 16 (5) (a). The inspector commends the process of recording “new start worker assessments” as part of the induction process.

Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff that included a shadowing system.

Discussions with staff on the day of inspection confirmed that the induction process was appropriate and provided them with the skills to fulfil the requirements of their job roles. Staff comments:

- “Induction was great”
- “Induction was a thorough procedure and then shadowing which eased me in”

Staff training records viewed for 2017/2018 confirmed that all care workers had completed the required mandatory update training programme. The training plan for 2018 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users’ care needs including, dementia awareness and end of life care. Staff spoken with described the value of the additional training received in improving the quality of care they provided.

The agency’s policies and procedures in relation to safeguarding adults was reviewed. The ‘Adult Safeguarding’ policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 ‘Adult Safeguarding Prevention and Protection in Partnership’. The agency has identified their Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance. The manager informed the inspector that they are in the process of completing their annual position report.

The staff spoken with 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.

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. The inspector discussed two safeguarding referrals which had been notified to RQIA. The agency’s response had been appropriate and investigations in respect of one matter were ongoing at the time of inspection.

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

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training and adult safeguarding.

Areas for improvement

No areas for improvement were identified 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 agency's arrangements for appropriately assessing the needs of people who use the service were examined during the inspection.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding rushed care, timekeeping or missed calls. Service users advised that new carers are aware of the care required and are usually introduced by a regular carer.

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 or phone calls have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that they had received a questionnaire from the agency.

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

- "Great support from the girls and office staff."
- "It gives me peace of mind that they call regularly with XXX and contact me if necessary."
- "Well pleased with the service"

Service user records viewed in the agency office, included referral information received from the HSC trust. The referrals detailed the services being commissioned and relevant risk assessments. The care plans and risk assessments had been confirmed during their initial service visits and contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated. The care plans reviewed by the inspector were up to date, and clearly detailed the service users' needs and how they wished these to be met.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing service user's care needs.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

A sample of service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure their needs were being met along with regular contacts by phone and during monitoring visits. The manager confirmed that they are usually invited to attend or contribute in writing to the HSC trust arranged care review meetings with service users/relatives.

Staff spoken with 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.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support

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 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:

- "Give us a laugh."
- "Lovely bunch of girls. Couldn't ask for better."
- "All very friendly."

There are processes in place to promote effective engagement with service users, they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- “XXXX was fantastic she got everything done and she has a lovely way with her”
- “Special mention to XXXX who walked to calls when the weather was bad”

Staff spoken with during the inspection demonstrated appropriate knowledge regarding the delivery of compassionate care and described practices supporting individual service user’s wishes, dignity and respect.

A staff member commented during the inspection:

- “ Staff cannot have a bad day , the client comes first”

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. Discussions with staff and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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 inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance have been established and implemented at the agency.

The agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The organisation is managed by Jennifer Parker, registered manager who is supported by senior staff including a training manager, administrators and their teams of care workers.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained in a paper format retained in the office and on an electronic system.

Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service user records were retained securely and in an organised manner.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey.

The inspector noted the variety of feedback received by the agency following their annual quality review in 2017. The inspector noted that the information collated during the annual survey for 2018 continues to be reviewed and the report is not yet completed.

Monthly quality monitoring reports have been completed as required. These reports evidenced that the monitoring of the quality of service provided was being consistently maintained in accordance with minimum standards. Each report contained a summary of consultation with service users, their relatives, staff and other professionals and evidenced how any issues arising had been managed.

The reports also included details of a review of accidents, incidents, safeguarding reports, staffing arrangements, training undertaken and audits of documentation.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted a range of complaints had been received since the last inspection. Records reviewed confirmed that each was appropriately managed in accordance with the agency's policy, with where possible each matters had been resolved.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training equips staff to engage with a diverse range of service users. Some of the areas of equality awareness identified during the Inspection include: effective communication, service user involvement, advocacy, equal care and support, individual person centred care.

The agency collects equality data of service users such as; age, gender, disability, marital status via their trust referral information process.

The agency has team meetings in which opportunities were given to share learning. The minutes of a recent meeting viewed which detailed effective communications within the team.

A staff member commented during the inspection:

- "We are very much supported
- "Staff are great there is enough time to do the work."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality monitoring and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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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