

Unannounced Domiciliary Care Agency Inspection Report 06 September 2016



North West Care

Type of service: Domiciliary Care Agency
Address: 547 Antrim Road, Belfast, BT15 3BU
Tel No: 02890779911
Inspector: Amanda Jackson

1.0 Summary

An unannounced inspection of North West Care took place on 06 September 2016 from 09.15 to 16.45 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?

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. The inspector reviewed gaps in the process of quality monitoring staff as part of safeguarding action plans and a requirement has been made in this respect.

Three areas for quality improvement were identified and include quality monitoring of service users in accordance with the agency policy and procedure timeframes. Quality monitoring of staff in line with safeguarding action plans and review of appropriate staffing levels in accordance with Regulation 16(1)(a).

Is care effective?

The agency responds to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring and review of care plans have not been implemented consistently in line with regulations and standards to provide continuous review of services in conjunction with service users and their representatives. A requirement has been made in this respect in accordance with Regulation 15(3)(b).

Is care compassionate?

The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

Three areas for improvement were identified during the inspection as detailed under previous sections. Areas for improvement included quality monitoring/performance review of staff and review of service users plans of care.

Is the service 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. The inspector reviewed evidence of communication by the agency with the Health and Social Care Trust (HSCT) regarding changes in service users' needs.

One area for quality improvement was identified in respect of the registered person's role in reviewing service delivery and quality during monthly monitoring processes.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Norma Blair, registered manager and the agency operations 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 organisation/registered person: North West Care/Mr Philip Stewart	Registered manager: Mrs Norma Blair
Person in charge of the agency at the time of inspection: Mrs Norma Blair	Date manager registered: 20 August 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the registered manager
- Consultation with six staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the UCO spoke with six service users and seven relatives, either in their own home or by telephone, on 31 August and 01 September 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

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

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

On the day of inspection the inspector met with six care staff to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten 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. No staff questionnaires were returned to RQIA.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Four recently recruited staff members records
- Induction policy and procedure, programme of induction and supporting templates
- Two recently recruited staff member's induction and training records;
- Training and development policy and procedure
- Supervision policy and procedure
- Three long term staff members quality monitoring, supervision and appraisal records
- Three long term staff members training records
- Six staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Two vulnerable adult reports
- Five trust contract compliance reports
- Management, control and monitoring of the agency policy and procedure
- Three long term service users quality monitoring records
- Quality improvement policy and procedure
- Record keeping and reporting policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Five service users home recording records
- Four monthly monitoring reports completed by the registered provider and operations manager
- 2016 Annual quality surveys
- Three compliments
- Three emails to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Complaints policy and procedure

- Policy on reporting adverse incidents and untoward incidents.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 February 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 23 February 2016

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

4.3 Is care safe?

The agency currently provides services to 180 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. The agency incorporates elements of the Northern Ireland Social Care Council (NISCC) induction standards within their induction process. The agency are currently working towards registering all staff in line with NISCC timeframes and at that point will fully implement the NISCC induction standards. Several of the six care staff interviewed during the inspection day, had commenced employment within the previous few years. These staff described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by North West Care. 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 and should be carried out when possible.

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:

- "The consistency is great. Have got to know them very well."
- "Great to have the same faces."
- "Consistency and timekeeping are two areas that could be improved."

The agency's policy and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance with the required standards. The policy has recently been updated in line with 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'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users care and support needs. Training is facilitated mainly within the agency and from the Health and Social Care trust (HSCT). Discussion during inspection with care staff confirmed satisfaction with the quality of training offered on an ongoing basis.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring/performance review, supervision and appraisal taking place however quality monitoring of staff was not found to be compliant with agency policy timeframes. In reviewing a number of quality matters the inspector found staff quality monitoring detailed as part of the action plan had not been adhered to. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training together with ongoing quality monitoring, supervision and appraisal.

A review of safeguarding documentation regarding two safeguarding matters confirmed that matters arising were managed appropriately and in accordance with the regional safeguarding protocols and the agency policies and procedures. Documentation to trust professionals was centrally maintained and available for review during inspection. Review of staff quality monitoring/performance review as detailed within the action plan for one safeguarding matter had not been appropriately followed up by the agency and this has been required ongoing.

Each of the six 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.

A sample of three service user files confirmed that the agency management had not carried out review meetings with service users/representatives in line with the agency policy timeframes to ensure service user needs were being met. Where reviews had taken place no matters had been highlighted despite feedback provided to the RQIA UCO in relation to consistency and timing of calls amongst other matters. The registered manager confirmed that trust representatives were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

Service users spoken with by the UCO, staff spoken with during the inspection and review of agency rotas suggested the agency may not have appropriate staffing levels in various roles to meet the needs of their service user group. A requirement has been stated in this regard.

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

Areas for improvement

Three areas for improvement were identified during the inspection. The registered person and manager are required to ensure staff are quality monitored in accordance with the agency policies and procedures timeframes and in line with safeguarding procedures. The registered person and manager are required to ensure an appropriate level of staffing is maintained to meet the care commissioned by the Health and Social Care Trust (HSCT).

Number of requirements:	3	Number of recommendations:	0
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4.4 Is care effective?

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. One relative advised that they had experienced a small number of missed calls from the agency.

The majority of the service users interviewed advised that they were usually introduced to new carers by a regular carer; however there have been occasions that introductions have not taken place and new carers were not always aware of the care required.

No issues regarding communication between the service users, relatives and staff from North West Care were raised with the UCO. The service users and relatives advised that home visits have taken place. Some of the service users and relatives interviewed by the UCO also confirmed that they had been involved in trust reviews regarding their care package and that they have received a questionnaire from North West Care to obtain their views on the service.

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

- "We appreciate their help."
- "There is good communication and support from the office staff when needed."
- "Absolutely no complaints."

The UCO reviewed the agency's documentation in relation to five service users and it was noted that the agency have log books separate from the agency's file; it is recommended that the agency review this practice. Three care plans contained out of date information and require to be updated. The agency's log books were also reviewed and some variations in care times were noted and there were a small number of omissions in the records.

The agency's recording policy and associated procedures on 'Management of records' had been revised in 2015. The agency maintained recording books in each service user's home file on which care workers recorded their visits. The UCO reviewed five records within service user's homes, which confirmed some variations to procedures. These were discussed with the registered manager during inspection and recommended for review in line with requirement one regarding quality monitoring/performance review of staff.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their co-ordinator or manager if any changes to service users' needs are identified. Staff interviewed confirmed ongoing quality monitoring is completed by their co-ordinator and manager to ensure effective service delivery.

The registered manager confirmed discussion of recording and reporting during staff supervisions and this was reviewed during inspection as a topic area covered during staff supervisions throughout the year. Discussion with six staff during the inspection supported review of this topic as necessary.

Service user records evidenced that the agency are required to carry out quality reviews with service users annually as confirmed by the manager (post inspection). Records sampled during inspection were found to be in line with the agency timeframes. Review of home records by the UCO highlighted a number of care plans to be out of date, a requirement has been made in this respect. Annual questionnaires were issued to service users to obtain feedback on services provided and evidenced at inspection in terms of those received by the agency during the months from June to August 2016. Service user files reviewed during inspection contained evidence of communications between the agency and care managers where changing needs were identified and reassessments had been requested. The agency also maintain a system of providing updates to trust professionals and evidence of this process was reviewed during inspection.

The agency had not completed their annual quality review report for 2016 but evidenced feedback from service users and family members during the months from June to August 2016. The registered manager confirmed the report will be completed in September 2016 and provided to all service users. The registered manager informed the inspector that feedback from the annual quality review process will also be shared with staff post completion.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

Areas for improvement

One area for improvement was identified during the inspection and relates to review of service user care plans, a requirement has been made.

Number of requirements:	1	Number of recommendations:	0
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4.5 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed.

Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by North West Care. Examples of some of the comments made by service users or their relatives are listed below:

- "All very nice and helpful."
- "The girls are kind and thoughtful."
- "They have time for a wee laugh with us."

Records viewed in the agency office and discussions with staff confirmed that direct observation of staff practice was carried out within service users' homes on an ongoing basis but not in compliance with the agency procedure timeframes and not in response to safeguarding action plans. Two requirements have been made in this regard under the above section 'Is care safe'. Records reviewed by the inspector detailed no concerns regarding staff practice during spot checks and monitoring visits. This was discussed with the registered manager in light of the feedback from the RQIA UCO regarding consistency and timing of calls and in relation to safeguarding and quality compliance matters raised by the HSCT.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy and are required to sign a confidentiality declaration at the commencement of employment. This was reviewed within two staff files during inspection.

The agency implement service user quality monitoring practices on a bi-annual basis through home visits and telephone contacts. Records reviewed during inspection highlighted quality monitoring not in compliance with the agency timeframes, a requirement has been made under the above section 'Is care effective'. Quality monitoring from service user visits alongside monthly registered person contact (monthly quality reports) and the annual quality review of services evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Staff very professional, polite and pleasant' (Trust professional feedback).
- 'Thanks to everybody at North West Care for the huge difference that they made to our lives, such lovely people came to our house to care for him and they treated him with such dignity and respect' (Thank you letter from family).
- 'Staff are polite and excellent with XXX' (Monthly quality monitoring report feedback from family).

Areas for improvement

Three areas for improvement were identified during the inspection as detailed under previous sections. Areas for improvement included staff quality monitoring and review of service users plans of care.

Number of requirements:	3	Number of recommendations:	0
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4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person Mr Philip Stewart and registered manager Mrs Norma Blair the agency provide domiciliary care to 180 people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

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

The policy and procedure manual was evidenced and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. Concerns regarding the management of the agency were raised during the interviews in respect to the organisation of rotas and timing of calls.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2015 and 2016 to date, with one complaint recorded which had occurred prior to the previous inspection. Review of quality matters raised by the HSCT highlighted delayed reporting by the agency in response to matters raised. Review of staff practice in relation to action plans were evidenced as not compliant during inspection. A requirement has been made above under the section 'Is care safe' in relation to staff quality monitoring. Monthly quality monitoring reports included a section for complaints review ongoing as necessary but did not support good governance arrangements in place in highlighting such shortfalls as staff quality monitoring and variances in rota times, a requirement has been made in this respect.

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. No reportable care incidents had occurred since the previous inspection however several medication incidents had been reported to RQIA within the appropriate timeframes.

The inspector reviewed the monthly monitoring reports for May, June, July and August 2016. These reports evidenced that the agency operations manager has been monitoring the quality of service provided in accordance with minimum standards. The inspector discussed the level of governance in reviewing agency staff practices during monthly monitoring as discussed above.

Reports are reviewed and signed off ongoing by the registered person and evidence of this process was discussed during inspection.

The six care workers interviewed indicated that they felt supported by senior staff who were described as approachable, supportive and always available for discussions. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff also supported that current staffing arrangements are appropriate in meeting service users' needs.

Ongoing electronic and written communications with trust professionals/commissioners was presented during inspection and supported communication systems between the agency and the commissioning trust.

Areas for improvement

One area for improvement was identified during the inspection relating to the registered persons review of service delivery and quality in accordance with Regulation 23(4).

Number of requirements:	1	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 the QIP were discussed with Mrs Norma Blair, registered manager as part of the inspection process and post inspection with the operations manager. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the domiciliary care agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 16(3)

Stated: First time

To be completed by:

With immediate effect from the date of inspection.

The registered person shall take such steps as may be necessary to address any aspect of the performance of a domiciliary care worker which is found to be unsatisfactory.

(regarding staff quality monitoring and review of staff recording)

Response by registered provider detailing the actions taken:

The Registered Manager will ensure that where staff monitoring is due these will be completed as per policy and procedure. A monitoring schedule report is generated from NWC IT-system the monitoring schedules will be adhered to. A care report book audit tool has been devised and is now part of the quality monitoring visit criteria. Where there are shortcomings in performance corrective action will be taken to address the DCW performance.

Requirement 2

Ref: Regulation 14(a)(b)

Stated: First time

To be completed by:

With immediate effect from the date of inspection.

Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-

- (a) as to ensure the safety and well-being of service users;
- (b) so as to safeguard service users against abuse or neglect.

(regarding staff quality monitoring in relation to safeguarding action plans)

Response by registered provider detailing the actions taken:

The Registered Manager will ensure that follow up staff action plans are completed in accordance with the scheduled timescale within the action plan. When the DCW has been absent the monitoring timeframe will be reviewed and amended to ensure that all monitoring visits are completed in accordance with the reviewed action plan. All staff action plans will be audited monthly by the registered manager.

<p>Requirement 3</p> <p>Ref: Regulation 16(1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection.</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that-</p> <p>(a) There is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency.</p> <p>(regarding number of staff to provide care, development and management of rota's and review of rota's)</p> <p>Response by registered provider detailing the actions taken: The Registered manager will keep under review staff and rota management requirements to ensure that there is suitably skilled and experienced persons employed for the purpose of the agency. They will ensure adequate workforce planning processes. This will be part of the weekly managers report to identify staffing requirements. NWC has additional HR support specific to the Belfast Branch.</p>
<p>Requirement 4</p> <p>Ref: Regulation 15(3)(b)(d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection.</p>	<p>The registered person shall-</p> <p>(a) keep the service user plan under review; (d) notify the service user or, where applicable, the service users representative, of any such revision.</p> <p>(regarding review of service user plans during quality monitoring visits)</p> <p>Response by registered provider detailing the actions taken: The Registered Manager will ensure that all Service Users care plans are kept under review. When revision is required the service user and representative will be informed that a revision is required. Once service users plans are received from the Trust they will be delivered to the Service Users home as per policy this will be monitored by the Registered Manager.</p>
<p>Requirement 5</p> <p>Ref: Regulation 23(4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection.</p>	<p>The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(regarding registered person monthly monitoring reports)</p> <p>Response by registered provider detailing the actions taken: The Registered Manager shall submit a weekly management report to the operations manager. Following review and collation of this report information and in conjunction with the monthly providers visit the operations manager will devise as part of the monthly monitoring report a service quality improvement plan. This will detail the measures that the registered manager should take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p>



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