

Unannounced Care Inspection Report 13 November 2018



North West Care

Type of Service: Domiciliary Care Agency

**Address: Unit 5 Jennymount Court, North Derby Street, Belfast,
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Tel No: 02890 779911

Inspector: Kieran Murray

User Consultation Officer (UCO): Clair McConnell

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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

This is a domiciliary care agency which provides personal care and housing support to 244 individuals with care of the elderly, dementia, mental health, physical health and learning disability needs living within the Belfast Health and Social Care Trust (BHSCT) area. Service users are supported by 72 staff.

3.0 Service details

Organisation/Registered Provider: North West Care Responsible Individual(s): Mr Philip Stewart	Registered Manager: Ms Suzanne Olive Kane
Person in charge at the time of inspection: Ms Suzanne Olive Kane	Date manager registered: 9 April 2018

4.0 Inspection summary

An unannounced inspection took place on 13 November 2018 from 10.00 to 16.30.

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 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:

- staff induction
- care reviews
- staff training and development
- staff supervision and appraisal
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)

No areas requiring improvement were identified during the inspection.

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 Ms Suzanne Olive Kane, 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 27 November 2017

No further actions were required to be taken following the most recent inspection on 27 November 2017.

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 report
- record of complaints
- record of notifiable incidents
- correspondence with RQIA since the previous inspection
- concerns log

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and five relatives, by telephone, on 23 and 26 November 2018 to obtain their views of the service. The service users received assistance with the following personal care and management of medication.

During the inspection the inspector met with the registered manager, quality monitoring officer/trainer, care coordinator and three staff.

The following records were examined during the inspection:

- four service users' care and support plans
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- care review records
- recording/evaluation of care used by the agency
- monthly quality monitoring reports
- staff meeting minutes
- staff training records
- records relating to staff supervision
- records relating to staff appraisals
- complaints records
- incident records
- induction records
- staff rota information
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- appraisal policy
- induction policy
- safeguarding adults in need of protection policy
- risk management policy
- incident policy
- whistleblowing policy

- policy relating to management of data
- complaints policy
- Statement of Purpose
- Service User Guide

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

The inspector requested that the registered manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, and their families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 November 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 27 November 2017

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.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy and a mechanism in place to ensure that appropriate staff pre-employment checks are completed and that these were satisfactory.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the Regulations. Staff stated that they are required to shadow other staff members during their induction. The inspector spoke to three staff member who provided positive feedback regarding how their induction prepared them for their roles and responsibilities. They indicated that they felt supported by the other staff and the registered manager.

Staff comments:

- "There was a booklet that explained our job roles."
- "I got an induction lasting more than three days."

Staff rotas viewed and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff spoken to on the day of the inspection advised the inspector that vacant shifts are covered by the agency's care workers and the management team.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015. The inspector noted a referral flowchart included in the policy outlining the process to aid staff in making referrals to the Trust.

The inspector received feedback from the registered manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. Staff spoken to on the day of inspection could name the agency's safeguarding champion and their role within the agency.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear lines of accountability. On the day of the inspection the inspector noted that there had been no safeguarding referrals made since the previous inspection 27 November 2017.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the agency's training plans which indicated compliance with Regulation and Minimum Standards. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Dementia Awareness, Diabetes Awareness and Palliative Care training.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection the inspector noted that one restrictive practice in place was of the least restrictive nature considered necessary and agreed with the service user and their representative. However, the restrictive practice was not recorded in the care and support plan. Following the inspection and within an agreed timescale with the registered manager, the agency forwarded information that provided the necessary assurances that care and support plans had been updated to reflect details of the restrictive practice in place. The inspector reviewed the information and found it to be satisfactory.

On the day of the inspection the inspector reviewed the process for reporting and management of incidents within the agency. There had been a number of incidents/accidents not reportable to RQIA since the previous inspection on 27 November 2017; records provided to the inspector confirmed that they were managed in accordance with the agency's policy and procedure.

The inspector noted that the agency had not received any complaints since the last inspection on 27 November 2017.

The inspector evidenced that a review of service users' needs took place yearly or sooner if required.

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 North West Care. The agency provides regular carers as much as possible and 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 carers 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:

- "Well looked after."
- "Everything's fine."
- "So far, so good."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training, supervision, appraisal 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 and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency's Statement of Purpose (2018) and Service User Guide (2018).

The inspector reviewed four service users' individual care and support plans. The inspector was informed that care and support plans are reviewed three monthly or sooner. The registered manager informed the inspector that multi-disciplinary reviews with the HSCT representatives took place on a yearly basis or sooner if needed. The inspector examined documentation for both processes and the records were noted to be satisfactory.

The agency operates a Quick Response (QR) scan in and out system in each service user's home. This enables the agency to monitor compliance with calls.

The agency maintains a Home Information Booklet (HIB) in each service user's home. Included in the HIB are paper copies of service users risk assessments, care and support plans, service user agreements and completed consent forms.

Staff interviewed on the day of the inspection confirmed they were provided with details of care required for each service user.

Staff comments:

- "There is an open door manager's surgery every Thursday for staff to drop in to speak to the registered manager if required."
- "Everybody works well together."

Feedback received by the inspector from staff indicated that service users or their relatives: have a genuine influence on the content of their care plans. This was evidenced by the inspector on examining records completed at yearly reviews.

The agency's quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included details of consultation with a range of staff, relatives and progress on improvement matters. Monthly quality monitoring is undertaken by the responsible person who has a good working knowledge of the service.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The registered manager and staff described effective verbal and written communication systems within the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate HSCT community professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including speaking with service users on a daily basis and being available for discussion. Staff who spoke to the inspector outlined their understanding of service user's choice, dignity, and respect.

Review of team meeting records indicated that team meetings took place on a monthly basis; the registered manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

The inspector noted that an agency's newsletter is sent to service users every six months and to staff every month. Both newsletters contained information on items such as training, workshops and meetings.

During the inspection the inspector noted a photograph of a care worker receiving an award for Carer of the Year 2017. The inspector was informed by the registered manager and staff that service users nominate staff for this award.

Staff spoken to on the day inspection informed the inspector that if a compliment is received from a service user or their representative the North West Care management team write a letter of acknowledgement to that member of staff advising them of the compliment.

The inspector examined the following surveys carried out by the agency; service user/relative questionnaire and the Belfast Trust Quality Inspection 2017/2018 report with positive results. The inspector examined the annual report and found it to be satisfactory.

The inspector noted the following comments recorded on the annual report by service users and their representatives:

Service user comments:

- "I enjoy staff visiting, excellent care is given."
- "They are very good in looking after me, very attentive to my needs and very obliging."

Relative comments:

- "Very happy at present with the standard of care for my XXX."

Advocacy service information was available in the Statement of Purpose and Service User's Guide for service users to contact if necessary.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular member of staff, and new carers are 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. Some of the service users and relatives interviewed were able to confirm that home visits and phone calls have taken place, or that they had received a questionnaire, to obtain their views on the service.

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

- “Nothing but positive feedback.”
- “Would give them 5 stars.”
- “Doing a brilliant job.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to care records, audits and reviews, spot checks, communication between service users and agency staff and other key 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 inspector 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. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency had participated in liaison with a range of community professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

It was evident that the agency staff and community keyworkers promote the independence, equality and diversity of service users.

Feedback from staff who spoke to the inspector indicated that they had developed knowledge of individual service users through careful observation and interaction over time.

Staff comments:

- “We treat service users with dignity and respect.”

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, phone calls 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:

- “The girls are always respectful and pleasant to us.”
- “I love the girls. We have great craic.”
- “Couldn’t ask for nicer girls.”

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.

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.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which comprises of the provision of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures as outlines within the minimum standards which are reviewed at least every three years. Policies and procedures are maintained in a paper format and on an electronic system accessible to all staff.

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 monitoring officer was able to discuss the ways in which staff development and training enables 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 services
- equity of care and support
- individual person centred care
- individualised risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the BHSCT referral information.

The agency maintains and implements a policy relating to complaints and compliments. It was positive to note that the agency's complaints policy and procedure was also available in audio and braille form to meet the needs of service users.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The agency maintains a quality monitoring system which provides a thorough standard of monitoring in accordance with RQIA guidance.

Staff comments:

- "Since XXX has come here, XXX has turned the agency around."

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

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.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements, management of complaints and incidents, quality improvement 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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