

Unannounced Care Inspection Report 27 November 2017



North West Care

Type of Service: Domiciliary Care Agency
Address: 547 Antrim Road, Belfast, BT15 3BU
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Inspector: Amanda Jackson
Bridget Dougan

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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

North West Care is a domiciliary care agency based on the Antrim Road, Belfast and provides services in the greater Belfast area. The agency has been operational from September 2012. Under the direction of the manager (registration pending) Suzanne Kane and a staff team of 71 the service provides domiciliary care to 211 service users in their own homes. The services provided include personal care and social support along with some domestic support. The service users are currently older people, those with mental health care needs and learning disabilities. The Belfast HSC Trust commission their services.

3.0 Service details

Organisation/Registered Provider: North West Care Responsible Individual: Mr Philip Stewart	Registered Manager: Ms Suzanne Olive Kane - application received - "registration pending".
Person in charge at the time of inspection: Ms Suzanne Olive Kane	Date manager registered: Not applicable – registration pending

4.0 Inspection summary

An unannounced inspection took place on 27 November 2017 from 09.45 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 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.

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, families and staff during the course of the inspection was positive with five service users, three staff and nine relatives presenting positive feedback.

Service users and families communicated with by the User Consultation Officer (UCO), presented a range of positive feedback regarding the service provided by North West Care Domiciliary Care agency in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the manager following 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.

Following discussions with the service users, family members, and staff it was noted there was evidence over time of positive outcomes for service users.

The inspectors and UCO would like to thank the service users, families and 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 Ms Suzanne Kane, manager (registration pending), and the operations manager as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 06 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 06 September 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 report and quality improvement plan (QIP)
- record of notifiable events for 2016/2017
- Record of complaints notified to the agency

During the inspection the inspectors spoke with the manager, operations manager and three care staff.

Prior to the inspection the User Consultation Officer (UCO) spoke with five service users and nine relatives, either in their own home or by telephone, between 22 and 28 November 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- management of medication
- personal care
- meals

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

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

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting.
- Three new staff members' recruitment and induction records.
- Three long term staff members' supervision and appraisal records.
- Three long term staff members' training records.
- Staff training matrix.
- Staff meeting minutes.
- A range of staff rotas.
- Staff NISCC registration and renewal of registration processes.
- Statement of purpose.
- Service user guide.
- Three new service users' records regarding introduction to the service.
- Two long term service users' records regarding ongoing review, and quality monitoring.
- Two service users' home records.
- Two monthly monitoring reports.
- Annual quality process.
- Communication records with HSCT professionals.
- A range of compliments records.
- One complaints record.
- One incident record.

Five areas for improvement were identified at the last care inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 06 September 2016

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 06 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 16(3) Stated: First time	<p>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.</p> <p>(regarding staff quality monitoring and review of staff recording)</p>	Met
	<p>Action taken as confirmed during the inspection: Review of staff records during inspection supported robust arrangements in place for staff quality monitoring and review of staff recording.</p>	
Area for improvement 2 Ref: Regulation 14(a)(b) Stated: First time	<p>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-</p> <p>(a) as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect.</p> <p>(regarding staff quality monitoring in relation to safeguarding action plans)</p>	Met
	<p>Action taken as confirmed during the inspection: No safeguarding matters have arisen since the previous inspection. Review of staff quality monitoring during inspection supported more robust measures are now in place since the previous inspection to review staff practice and where necessary implement increased monitoring.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 16(1)</p> <p>Stated: First time</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>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>Action taken as confirmed during the inspection: The introduction of a new manager since the previous inspection together with a revised rota management system and robust management and governance systems supported compliance with Regulation 16(1).</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 15(3)(b)(d)</p> <p>Stated: First time</p>	<p>The registered person shall-</p> <p>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>Action taken as confirmed during the inspection: Service user records reviewed during inspection supported ongoing quality review with service users and their representative were appropriate together with revision of service user plans as necessary.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 23(4)</p> <p>Stated: First time</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>Met</p>

	<p>Action taken as confirmed during the inspection: Review of monthly monitoring reports completed by the operations manager together with manager weekly quality reports supported a more robust process of management and governance review ongoing.</p>	
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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 North West Care. There were mixed results regarding new carers having been introduced to the service user by a regular member of staff.

No issues regarding the carers’ training were raised with the UCO by the service users or relatives; examples given included manual handling 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:

- “More than helpful.”
- “Very happy with the care.”
- “Peace of mind for our family.”

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

Three files were reviewed relating to recently appointed staff. The manager verified all the pre-employment information and documents had been obtained as required. Review of three records during inspection confirmed compliance with Regulation 13 and Schedule 3. An induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. Review of three staff files supported an induction process lasting more than three days and compliant with Regulation 16(5) (a). Staff spoken with during inspection confirmed they had received a comprehensive induction programme. Records reviewed evidenced all staff members’ registration with NISCC and a system in place to review staff renewal of registration. The manager confirmed all staff are registered with NISCC. A range of communication methods used by the agency to inform staff of their requirement to renew registration were discussed and reviewed during inspection; these included discussion at staff meetings, staff newsletter, NISCC notification process and through staff supervisions.

All three care staff spoken with during inspection had been working within the agency from six months to many years. Staff members described their recruitment and induction training processes in line with those found within the agency procedures and records. Staff were also able to describe their registration process with NISCC and what registration with NISCC initially entails and requires of staff on an ongoing basis.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency have implemented the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

The inspectors were advised that the agency has had no safeguarding matters since the previous inspection; discussion with the manager supported appropriate knowledge in addressing matters when they arise. Staff spoken with during inspection also presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process. The safeguarding champion has been appointed within the agency and this information is being shared with staff during training updates.

Staff training records viewed for 2017-18 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2017-18 was viewed and contained each of the required mandatory training subject areas. Training is facilitated through the agency's own training team. Staff are assessed during practical sessions both during the training and within service users' homes on an ongoing basis, and evidence of these assessments were contained within staff files reviewed during inspection. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Staff spoke of additional opportunities available for training in areas where staff felt they required more knowledge such as dementia, palliative care and stoma care.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and quality monitoring within service users own homes.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services and this was evident during review of two service users' records. The manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was evident during inspection.

Service users and relatives spoken with by the UCO, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

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

No staff questionnaires were received post inspection.

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 UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping. No issues about rushed care or missed calls were raised with the UCO. There were mixed results in regards to new carers being introduced to the service user by a regular carer or supervisor; this feedback was shared with the manager post inspection.

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 and phone calls have taken place as well as questionnaires from the agency to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place.

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

- "Certainly not rushing and they tidy up after themselves."
- "The consistency is great. XXX has to get to know the carers."
- "XXX gets on well with all of them."

As part of the home visits the UCO reviewed the agency's documentation in relation to five service users and one issue with times was noted; this feedback was shared with the manager post inspection.

Service user records viewed included referral information received from the appropriate referring professionals and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments as necessary. The reviews completed by the agency ongoing evidence that service users and/or representative's views are obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. Review of service user's guides and agreements during inspection and discussion with the manager confirmed service users receive this information with an appropriate timeframe compliant with regulations and standards.

The agency's policy and procedure on record keeping in service users' homes (Data protection) had been reviewed in 2015. The agency maintains recording sheets in each service user's home file on which care staff record their visits. The inspectors reviewed two completed records during inspection and found good standards of recording.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care plan during the course of their time with the service. Service user files reviewed during inspection contained evidence of communications between the service users and relatives where changing needs were identified and reassessments resulted in amended care plans. Ongoing communications with trust professionals forms an integral part of this ongoing review process and this was evident during inspection.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users' needs are identified. Staff were also clear in their understanding of records management and data protection when returning records to the agency office and management of text messages received to their work mobiles. Staff interviewed confirmed ongoing quality monitoring of service users and staff practice is completed by their supervisors/co-ordinators to ensure effective service delivery.

Staff interviewed during 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 users' choice, dignity, and respect.

Questionnaires are provided for service users to give feedback on a rolling annual basis. Evidence of this process was discussed with the manager during the inspection in terms of the annual quality report completed for 2016. Review of the 2016 annual report confirmed satisfaction with the service being provided.

No staff questionnaires were received post inspection.

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.

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 North West Care.

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

- “Awful nice team of girls.”
- “Always come in with a smile.”
- “They cheer XXX up.”

The agency implements service user quality monitoring practices on an ongoing basis through home visits, telephone contact and through the rolling annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users’ homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with staff and manager. Records reviewed by the inspectors highlighted two matters raised regarding staff practice during spot checks/monitoring visits. Appropriate follow up measures had been implemented to review staff competence ongoing in the required areas. Where issues regarding staff practice are highlighted via other processes such as complaints or safeguarding, the manager discussed processes used to address any matters arising. Review of one incident and one complaint during inspection supported appropriate procedures in place.

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.

No staff questionnaires were received post inspection.

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

- ‘I’m very grateful for the service and the care staff are fine people’ (Comment made by a relative during phone contact/quality monitoring)
- ‘Thank your team for their support during xxx final hours’ (Email from trust professional)
- ‘Many thanks for all the kindness, care and attention that you gave my xxx. Throughout all your time with xxx and myself xxx appreciated every little thing you did on our behalf’ (Thank you card from relative).

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 complaints had been made regarding the service or management to the UCO.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the manager, Ms Suzanne Kane, the agency provides domiciliary care to 211 people living in their own homes.

Review of the statement of purpose and discussion with the manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and were clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations. 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 policy and procedures which are maintained electronically and in paper format were reviewed and contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency and updated accordingly on an ongoing basis.

The complaints log was viewed for 2016-2017 to date, with one complaint logged. Review of this complaint during the inspection supported appropriate processes in place for complaints review and resolution.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Two incidents had occurred since the previous inspection and were appropriately reported to RQIA.

The inspectors reviewed the monthly monitoring reports for September and October 2017. The reports evidenced that the operations manager is delegated to complete this process. The reports are shared with the agency manager for implementation. Monthly monitoring was found to be in accordance with minimum standards with feedback from service users, relatives, staff members and commissioners.

Three care staff spoken with during inspection indicated that they felt supported by their manager and senior team. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with commissioners of the service was evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need.

The inspectors were informed by the manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspectors noted that all staff are registered with NISCC and this was confirmed by the manager and operations manager. Procedures have also been implemented to ensure staff renewing registration are kept under review; these procedures were evidenced to the inspectors during the inspection day.

No staff questionnaires were received post inspection.

Staff feedback during inspection discussions:

- “I love working here, there is good support”.
- “Training is brilliant”.
- “Communication between staff and management is very good. If I have a problem, I just inform my co-ordinator and it is quickly sorted out”.
- “I have monthly supervision with my co-ordinator”.
- “The new mobile phone system is excellent. There is less chance of missing a call”.

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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