

Unannounced Care Inspection Report 18 April 2019



Support Care Recruitment Ltd

Type of service: Domiciliary Care Agency

Address: 54 Elmwood Avenue, Belfast

BT9 6AZ

Tel No: 02895 434314

Inspector: Caroline Rix

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

Support Care Recruitment Ltd is a domiciliary care agency based in Belfast. Under the direction of the registered manager Fadzai Burrowes, staff of 38 provides care services to 58 service users in their own homes. These service users are in the main older people but some have physical disabilities, learning disabilities and mental health care needs. The service users live in the County Antrim area of Northern Ireland. The services provided range from personal care, practical support to sitting services. Their services are commissioned by the Northern Health and Social Care Trust (HSC trust).

3.0 Service details

Registered organisation/registered person: Support Care Recruitment Ltd Responsible Individual: Petros Jinga	Registered manager: Fadzai Burrowes
Person in charge at the time of inspection: Fadzai Burrowes	Date manager registered: 1 April 2015

4.0 Inspection summary

An unannounced inspection took place on 18 April 2019 from 09.20 to 15.50.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection sought 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 throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

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 Fadzai Burrowes, 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.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- Previous RQIA inspection report
- All correspondence received by RQIA since the previous inspection

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

During the inspection the inspector spoke with the registered person, registered manager and contacted four care workers by telephone. Their feedback has been included throughout this report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Nineteen responses were received. Analysis of feedback is included within the report.

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well care. Three questionnaires were returned and their feedback indicated they were all 'very satisfied' with the service provided.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the agency office.

During the inspection process the inspector had the opportunity to talk with three service user's relatives by telephone. The overall perception of the service was good; the comments were mainly positive.

These are some of their comments:

- "I am happy with the service. The care worker is very attentive to mum."
- "I have no problems and the staff have a good relationship with my relative."
- "I had some problems with lack of communication but this has been sorted out now."
- "The staff are friendly, we are happy because they are polite and have good manners, very pleased with service."

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 September 2018

The most recent inspection of the agency was an unannounced care inspection. No areas for improvement were identified.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency's staff recruitment policy and procedure was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The responsible person confirmed that an audit of staff files, including all pre-employment records is carried out on a monthly basis, to ensure information is obtained in line with required regulations. Records viewed by the inspector confirmed a system of file auditing is in place.

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), in keeping with the NISCC registration timeframe. The manager discussed the system in place to identify when staff are due to renew registration with NISCC and the inspector viewed their monthly checklist confirming this process.

The induction procedure for new staff was viewed, which included an induction programme and support mechanisms in place. Documentation viewed by the inspector contained details of the information provided during the induction period and competency assessments for learning outcomes achieved by staff, along with records of a shadowing system. The manager explained they have included an extended shadowing period for care workers with limited experience in care work.

Discussions with staff on the day of inspection confirmed that their induction had been appropriate and provided them with the skills to fulfil the requirements of their job roles. This practice supports service users to receive a service in which their dignity has been respected i.e. through introductions to new care workers prior to service delivery.

Staff training records were viewed for 2018 on their computerised matrix. This indicated that all care workers had completed the required mandatory update training programme.

There was evidence that staff have attended training additional to that outlined within the Minimum Standards. The training subjects were described by the manager as being relevant to service users' care needs including; dementia awareness, catheter care, communication skills and palliative care. Staff spoken with described the value of the additional training received in improving the quality of care they provided and their understanding of service user's human rights in all aspects of their lives.

One staff member commented: "My training is good, but I find I'm learning every day."

There were systems in place to monitor staff performance including spot checks and training feedback and to ensure that they received support and guidance.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed and found to provide information and guidance for staff as required. The role of the Adult Safeguarding Champion (ASC) was discussed. The manager demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. It was positive to note that the ASC had completed adult safeguarding position reports which were reviewed and found to contain appropriate information.

From the date of the last care inspection there had been no incidents referred to the relevant HSCT in relation to adult safeguarding matters.

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.

Discussion with staff on the day of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans. All confirmed that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users' experience of a dignified service in line with their human rights.

The inspector was advised by the relatives spoken with, that they had no concerns regarding the safety of care being provided by the agency. 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. One issue regarding the staff recording of medications was raised with the inspector by a relative; this had resulted in a new recording system being implemented by staff with no further problems noted.

All of the relatives consulted with confirmed that they could approach the carers and office staff if they had any concerns. Example of a comment made by a relative below:

- "I love to know xxx (named care worker) is coming; mum is happy, content and safe, which allows the family to relax."

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector was advised by the manager that plans are underway to review arrangements for managing such accidents in conjunction with the commissioning HSC trust.

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed in conjunction with service users and their representatives.

Staff presented as knowledgeable and informed, regarding service users’ needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and wishes are taken into account. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had and an ability to balance risk with the wishes and human rights of individual service users.

Staff confirmed that they felt care being provided was safe. They described how they observe service users, noting any change in dependency, ability or behaviour and quickly taking appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice in line with the human rights of service users.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with data protection guidelines.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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 needs of people who use the service were examined during the inspection.

Two service users’ records reviewed by the inspector were found to include referral information received from the HSC trust.

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 manager confirmed that during their initial visit, service users are provided with a service user guide which is discussed with them. In addition, a risk assessment is completed by agency staff. The documentation evidenced a transparency between the agency and service users/relatives regarding any assessed care/ support needs and expectations. Service users were enabled to exercise the maximum amount of choice and control as possible in the care planning in their commissioned individual care arrangements with the agency.

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 has in place robust arrangements for identifying and managing service failures in a timely manner including missed or late calls. These included missed call logs and contact with service users and their representatives. One relative indicated that two calls had been missed a few months ago, however, following action by the agency, no further problems had occurred.

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. The records evidenced that an amendment form from the HSC trust detailing agreed changes to the original care plan had been provided.

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. The returned questionnaires from staff indicated that the majority were 'satisfied' or 'very satisfied' that the care was effective, with one 'undecided'. Some comments noted on staff surveys included:

- 'I like the job I am doing, we are a great team.'
- 'Very happy with Support Care.'

Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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

6.5 Is care compassionate?

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

It was good to note that agency staff were promoting the autonomy of service users. Staff spoken with were aware of issues relating to consent. It was noted that consent had been sought from all service users, for staff to enter their homes in line with their human right to a private life, and how this could be facilitated if the service users were unable to answer the door. One staff member spoken with also gave an example of the importance of involving service users in making decisions about their own care. They spoke about respecting service users' rights to decline care and support and in recognising the best times for service users to make certain decisions. Staff identified the need to continually communicate with service users and was respectful of the fact they were working in a service users' own home. All staff spoken with described the value of building relationships with service users, both in gaining their trust and learning their particular wishes and preferences.

Staff spoken with commented:

- “We are usually visiting the same service users, which is the best way, as it takes time to build that trust.”
- “I can build a bond with my service users and they are pleased to see me arrive as they can trust me. This makes the job so rewarding for me.”
- “One service user calls me his ‘girl Friday’, always says how much he appreciates my help. It is nice to hear.”

The relatives spoken with advised that carers treated the service users 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.

Example of a comment made by a relative below:

- “I am happy with the service. We had a couple of issues but after reporting to their office, these have been sorted out. Good support from the office and social worker.”

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.

The returned questionnaires from staff indicated that one was ‘undecided’ but the majority were ‘satisfied’ and ‘very satisfied’ that the care provided was compassionate.

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

6.6 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 inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

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 registered manager is supported by two office administrators, a care coordinator, a field care coordinator and a team of care workers.

The current registration certificate was up to date and displayed appropriately. Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure.

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 December 2018. The inspector noted that the information collated during the annual survey was shared with service users and staff during January 2019 and included positive feedback.

Monthly quality monitoring reports were reviewed for the past three months. 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, staffing arrangements, training undertaken and audits of documentation.

The agency maintains and implements a policy relating to complaints. 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 and each matter had been resolved. All of the relatives spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. This evidenced that service users/relatives have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

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

The staff spoken with confirmed that there had good working relationships with management who were responsive to any suggestions or concerns raised. Staff spoken with commented:

- “The office staff are all very approachable, and come back to me quickly when I report any concerns to keep me updated.”
- “We are reminded to record and report any service user’s changes right away to the office, even at the weekend. They follow up with the family, GP or district nurses and I get a phone message back. It is reassuring to know they are on the ball.”

The returned questionnaires from staff indicated that one was ‘unsatisfied’, three were ‘undecided’ but the majority were ‘satisfied’ and ‘very satisfied’ that the service was well led. The written comment provided by one respondent is summarised as follows:

- ‘Management are not great, with communication on the phone difficult. I have had some issues regarding shift patterns. The office is not very accessible for many staff.’

The inspector discussed the staff feedback with the manager on 9 May 2019. She indicated that the management team always treat staff in a professional and courteous manner, and have not received any concerns or complaints regarding their communication or approach. The manager provided an assurance that their staffing levels are adequate to provide the service users with their care needs as planned, including cover when a care worker is not available due to sickness, annual leave or unexpected events. The location of the office was confirmed as an area that is being reviewed currently.

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.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives 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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)