

Unannounced Care Inspection Report 20 September 2018



Support Care Recruitment Ltd

Type of service: Domiciliary Care Agency

Address: 54 Elmwood Avenue, Belfast

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Inspector: Caroline Rix

User Consultation Officer: Clair McConnell

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 49 provides care services to 60 service users in their own homes. These service users are mostly 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/Petros Jinga	Registered manager: Fadzai Burrowes
Person in charge of the agency at the time of inspection: Fadzai Burrowes	Date manager registered: 1 April 2015

4.0 Inspection summary

An unannounced inspection took place on 20 September 2018 from 10.30 to 15.45 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified 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 service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience. The inspector would like to thank the agency staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Petros Jinga, registered person, Fadzai Burrowes registered manager and the compliance manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 30 November 2017

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 30 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 and QIP
- Record of notifiable events for 2017/2018
- Monthly monitoring reports
- All communications with RQIA.

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

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

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. Fourteen responses were received; the details are included within the report.

As part of the inspection the User Consultation Officer (UCO) spoke with two service users and eight relatives, either in their own home or by telephone, on 17 and 18 September 2018 to obtain their views of the service. The service users interviewed informed the UCO that they receive assistance with the following:

- Personal care
- Assistance with meals
- Sitting service

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

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.

- Three staff recruitment records
- Two staff induction records
- Three staff supervision records
- One staff appraisal record
- Four staff training records
- Staff training matrix
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Three service users' records regarding referrals, reviews and quality monitoring
- Three monthly monitoring reports.
- Annual quality review report for 2017
- Notification and incident records
- Complaints log and records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered person, registered manager, and the compliance manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 November 2017

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 16(2)(a)	The registered person shall ensure that each employee of the agency received training and appraisal which are appropriate to the work he is to perform.	Met

<p>Stated: First time</p> <p>To be completed by: 20 January 2018</p>	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the training records which evidenced that staff had been provided with mandatory training in line with their procedures timescales. The staff records viewed confirmed that appraisals had been carried out as required annually.</p>	
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p>	<p>The registered person shall review their recording procedure to ensure working practices are systematically audited and action is taken when necessary.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that their recording and reporting procedure had been reviewed and a system to ensure regular auditing of practices implemented.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 1.9</p> <p>Stated: First time</p> <p>To be completed by: 20 January 2018</p>	<p>The registered person shall review their annual quality review report to include; the views of staff and commissioners of their service, incorporates comments made and issues raised and any actions to be taken for improvement. A summary of the key findings to be provided to service users and their representatives, and a copy of the full report to be made available on request.</p> <p>Action taken as confirmed during the inspection:</p> <p>Records evidenced that the views of all stakeholders had been sought as part of their annual quality review process. A summary of the key findings had been shared with all service users in January 2018.</p>	<p>Met</p>

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.

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

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

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

The induction programme for new staff was viewed, which included an induction procedure and support mechanisms in place which is compliant with Regulation 16 (5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system.

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

- "We receive mandatory training and shadowing which is most valuable and compulsory before we work with service users. It would be helpful for new staff with no experience of care work, to have a longer shadowing period".
- "My induction was very good, but I would have liked a longer shadowing time".

The manager confirmed that they had discussed the induction programme with staff and were reviewing their timescales to include extended shadowing period for care workers with limited experience in care work.

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 Support Care and Recruitment. New carers are usually introduced to the service user by a regular member of

staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling and working with people with dementia. All of the service users and relatives interviewed confirmed that they knew to speak with management if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "No issues at all."
- "Consistency is good. Have got to know them."
- "It gives me peace of mind that someone calls regularly with XXX."

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

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The agency has identified their Adult Safeguarding champion as the registered manager, with key responsibilities detailed in their procedure in line with required guidance. The agency's whistleblowing policy and procedure was found to be satisfactory.

The staff spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures. No safeguarding reports had been received since their previous inspection.

The returned questionnaires from staff indicated that one was 'undecided', eight were 'satisfied' and five were 'very satisfied' that the care was safe. One included a written comment which stated; 'good service with good trainers.'

The agency's registered premises include a range of offices and staff facilities which are suitable for the operation of the agency as set out in the Statement of Purpose. Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained in line with General Data Protection Regulation (GDPR) introduced in May 2018.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately assessing the needs of people who use the service were examined during the inspection.

The care plans reviewed by the inspector were up to date, and clearly detailed the service users' needs and how they wished these to be met. However, as part of the home visits the UCO reviewed the agency's documentation in relation to four service users. It was noted that one care plan contained out of date information, and the registered manager agreed to update the home file immediately.

Service user records viewed in the agency office, included referral information received from the HSC trust. The referrals detailed the services being commissioned and relevant risk assessments. The care plans and risk assessments had been confirmed during their initial service visits and contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

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

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

No concerns were raised regarding care being rushed and new carers are usually introduced to the service users by a regular member of staff; however there were mixed results regarding the carers' timekeeping. The UCO was also informed about the agency missing a number of calls and occasional breakdowns in communication. These areas were discussed with the manager who evidenced that appropriate measures have been taken to address the issue with relevant staff.

Some of the service users and relatives were able to confirm that home visits and phone calls have taken place to obtain their views on the service, or that they had received a

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

- “Occasionally messages aren’t passed onto the carers.”
- “Very happy with the service.”
- “Sometimes they are late for my sit which can affect my plans.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to four service users. There was an issue with the recording of times on the agency’s log sheets. This area was discussed with the responsible person who agreed to address immediately.

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 they were ‘satisfied’ or ‘very satisfied’ that the care was effective.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

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

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.

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 Support Care and Recruitment. Examples of some of the comments made by service users or their relatives are listed below:

- "All nice girls."
- "Very fond of them."
- "Carers are fantastic."

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

- 'Thank you' (Thank you card from a late service user's family).
- 'Many thanks for the care given to my late xxx.' (Email from a late service user's family).

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

One staff member commented during the inspection:

- "I love my job. I feel it is great that we visit the same service users as we know their individual likes and personalities and they trust us as well."

The returned questionnaires from staff indicated that two were 'undecided' but the majority were 'satisfied' and 'very satisfied' that the care 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. Discussions with staff and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

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

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The registered manager is supported by two office administrators, a care coordinator, a field care coordinator and a team of care workers.

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

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

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

The inspector noted the variety of feedback received by the agency following their annual quality review in December 2017. The inspector noted that the information collated during the annual survey was shared with service users and staff during January 2018 and included actions being taken to address matters raised.

Monthly quality monitoring reports have been received by RQIA as required since May 2017 and reviewed by the inspector monthly. 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 inspector has written to the registered person on 24 September 2018 to confirm that the submission of their monthly monitoring reports is no longer required.

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

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. The UCO was advised that a number of complaints had been made; one of which was ongoing. The management of complaints was discussed with the manager during inspection.

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

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

The agency has team meetings in which opportunities were given to share learning. The minutes of these meetings were detailed and informative reflecting effective communications within the team.

A staff member commented during the inspection:

- "We work as a good team and have good support from the office or coordinators 24 hours a day if needed. My training has been good. There is good communication within our team, as yesterday some roads were closed due to fallen trees, so we shared alternative ways to avoid staff getting stuck on their journeys to/from service users homes."

The returned questionnaires from staff indicated that two were 'unsatisfied' 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; 'I feel that at times there is a lack of professionalism from management and senior team members. Also at present I feel additional staff is needed to cover as you don't want to let families down. Improvements are also needed in regards to pay as often wages are incorrect '.

The inspector discussed the staff feedback with the registered manager on 5 October 2018. She indicated that the management team always treat service users and staff in a professional and courteous manner, and have not received any concerns or complaints regarding their approach. The registered 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 registered manager agreed to review the issue relating to incorrect wages, to ensure staff payments are correct.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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