

Announced Care Inspection Report 20 July 2017



Colin Care

Type of Service: Domiciliary Care Agency

Address: Cloona House, 31 Colin Road, Poleglass, BT17 0LG

Tel No: 02890431275

Inspector: Jim McBride

User Consultation Officer Clair Mc Connell (UCO)

www.rgia.org.uk

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

Colin Care is a domiciliary care agency based on the Colin Road, Belfast, with 60 staff providing community based domiciliary care services to 160 frail elderly, physical disability and learning disability adult service users living in the Belfast HSC Trust and the South Eastern HSC Trust areas. Services provided are mainly associated with personal care tasks, overnight sitting and domestic tasks.

3.0 Service details

Organisation/Registered Provider: Colin Care Responsible Individual(s): Annie Armstrong	Registered Manager: Phyllis McQuillan (Acting Manager)
Person in charge at the time of inspection: Phyllis McQuillan (Acting Manager)	Date manager registered: Phyllis McQuillan (Acting Manager)

4.0 Inspection summary

An announced inspection took place on 20 July 2017 from 09.00 to 13.00.

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 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 training and development
- Complaints recording and assessment
- Quality assessment and monitoring
- Incident reporting
- Staff recruitment procedures.

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 Mrs P McQuillan, Acting 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 26 June 2016

No further actions were required to be taken following the most recent inspection on 26 June 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
- Record of notifiable events for 2015/2016
- Complaints records
- Records of communication received by RQIA.

Prior to the inspection the User Consultation Officer (UCO) spoke with five relatives, by telephone, on 14 July 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

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

During the inspection the inspector spoke with the acting manager and a senior care staff member regarding the care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff available during the inspection gave a comprehensive and knowledgeable account and overview of the service. The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

The acting manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Five staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Six service user records in respect of referral, assessment, care plan and review
- Service user daily recording logs
- Service user quality monitoring contacts
- Unannounced staff monitoring visits
- Six staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- Staff training records pertaining to:
 - Safeguarding

- Medication
- Moving and handling
- Handling service user finances
- Infection control
- Health and safety
- Complaints log
- Monthly monitoring reports from January to May 2017;
- Annual quality report for 2016
- The agency's statement of purpose
- Policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, incident notification and complaints
- Record of incidents reportable to RQIA in 2015/2016.

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 last care inspection dated 23 June

There were no areas for improvement made as a result of the last care inspection.

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 UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by Colin Care. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the relatives; examples given included manual handling and management of medication. All of the 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 the relatives are listed below:

- "It gives me peace of mind that someone calls regularly with XXX and will contact me if necessary as I don't live locally"
- "No complaints"
- "Consistency of times and carers could be better. I've spoken to the supervisor to see what could be done."

A number of policies and procedures were reviewed during the inspection relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards. Six staff files were sampled relating to the recruitment of care workers which verified that the pre-employment information and documents had been obtained as required for each of the care workers.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards and was in line with the regulation and standards.

All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with The Northern Ireland Social Care Council (NISCC) in line with NISCC timeframes and guidelines.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The updated 'Safeguarding' policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership').

Records indicated that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. The inspector noted that a senior manager is identified as the "Adult safeguarding champion. The Safeguarding champion is responsible for advising on safeguarding, monitoring safeguarding and monitoring appropriate returns. The safeguarding champion provides safeguarding advice and has overall responsibility to ensure staff training is provided.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas.

Records reviewed for staff members evidenced mandatory training, quality monitoring and supervision as being compliant with agency policy timeframes. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained. The agency's registered premises include offices and staff facilities suitable for the operation of the agency as set in the Statement of Purpose (2016).

Five returned questionnaires from staff indicated:

- Staff feel that service users are safe and protected from harm
- There are risk assessments and Care Plans in place for the people who use the service.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff, training, supervision, appraisal and recruitment, spot checks and monitoring of staff performance.

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 relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. One relative advised that they had experienced a small number of missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Colin Care were raised with the UCO. The 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.

Examples of some of the comments made by the relatives are listed below:

- "Very happy. Would recommend them"
- "Any issues raised have been addressed to our satisfaction."

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

A sample of service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The agency is sometimes invited to attend the commissioning trust arranged care review meetings with service users/representatives. The agency receives an amendment form from the HSC Trust detailing any agreed change to the original care plan. The inspector noted some of the comments from service users and relatives during annual reviews:

- "A consistent team of carers provide my support"
- "I never feel rushed"
- "I'm very happy and have no complaints"
- "All difficulties are dealt with in a pleasant manner"
- "I'm happy with the carers from Colin Care."

Service user files also contained evidence of communications between the agency and HSC Trust key workers, where changing needs were identified and reassessments resulted in amended care plans. The agency is provided with details of the care planned for each new service user or with changes to existing service users' care plans. The agency had requested the views of service users on the quality of services being provided during 2016 via their annual satisfaction survey. Feedback had been obtained and collated into a quality report.

The inspector noted some of the areas the service users had the opportunity to comment on:

- Do our support workers do the things specified in your Care Plan correctly?
- Are the duties undertaken to your satisfaction?
- Are our support workers punctual?
- Do they always arrive in uniform with photographic identification?
- Do our support workers treat you in a polite manner?
- Are you kept informed of any changes to the arrival times of your support workers?
- If you could change one thing in how support workers provide their services, what would it be?
- Are you satisfied with the overall service provided by Colin Care?
- Have any of our Support Workers asked for any gifts or favors directly or indirectly?

The inspector noted some of the positive comments received from service users during this quality review:

- “Support workers carry out the care as detailed in my Care Plan”
- “All of the duties are usually undertaken to my satisfaction”
- “The Support Workers are usually within 10-15 minutes of the agreed time and when running late normally call me giving an estimated time of arrival”
- “I like the Support Workers to wear identification that I can see as I like to call them by their name and develop a relationship with them”
- “The Support workers always treat me with respect and in a polite manner”
- “I am usually satisfied with the overall service provided by Colin Care”
- “None of my Support Workers have asked for any gifts or favours.”

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a director of the agency. The quality monitoring system provides an effective standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users and HSC Trust professionals. The inspector noted some of the comments made by service users, staff and HSC Trust professionals during the monthly quality monitoring.

Service users:

- “Staff always take their time when giving care to me”
- “Carers always come on time”
- “Carers always show concern for my well-being”
- “Staff always make a good effort.”

Relatives:

- “I’m happy with the quality of care being provided”
- “The work carers carry out is invaluable”
- “We are satisfied with the care received”
- “Service is always provided in a caring manner”
- “Service is carried out effectively.”

Staff:

- “I have received all my training”
- “Managers are prepared to listen and solve problems”
- “I’m happy with the agency.”

HSC Trust Staff:

- “I’m happy with the quality of care provided”
- “The agency is very accommodating and easy to work with”
- “The agency is accommodating when changes are required.”

Five returned questionnaires from staff indicated:

- There are systems in place to monitor the quality/safety of the service you provide
- The needs of the people who use the service kept under review.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews as well communication between service users and agency staff.

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

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

- “Like part of the family”
- “We’re on first name terms with the girls. Have got to know each other well”
- “They provide good support to the family. We have a great team.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the 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. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

The inspector noted the areas monitored during spot checks include:

- Arrival time
- Uniform
- Attitude
- Completion of tasks.

Comments made during observations of practice:

- “Staff are always pleasant”
- “***** was cheerful and very helpful”
- “**** was very good with client and engaged during the care tasks”
- “Staff are always very nice and had time for the client”
- “I never feel rushed.”

Five returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the effective engagement of service users.

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 concerns regarding management raised with the UCO.

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 established by the agency have been implemented. The agency is managed on a day to day basis by an acting manager and a range of staff with specific roles and responsibilities.

The inspector saw 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 includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA. The inspector noted the areas monitored in relating to the quality of service provided to service users by staff during formal visits/staff supervision:

- Did the staff member arrive on time?
- Did the staff member greet the client with a positive attitude, were they cheerful and pleasant?
- Did the staff member appear to be rushing the client?
- How well did the staff member complete tasks?
- Did the staff member appear to be competent in using equipment provided and did they use it as required?
- Is the staff member satisfied with the training they receive?
- How was the staff members overall performance?

Comments made during visits:

- "***** was cheerful and pleasant"
- "The client came first during the tasks"
- "I would take all training in offer"
- "The client was very much at ease and the staff member had a good friendly approach"
- "The staff member talked all the way through the call."

The inspector noted positive feedback from the HSC Trust professionals regarding the ability of the agency to work in partnership, and their commitment to learn, develop and implement strategies consistently to ensure the best support are available to service users.

The agency maintains a comprehensive range of policies and procedures which were highlighted during inspection. These policies were in line with the three year time frame recommended in the domiciliary care agency standards. Policies and procedures are accessible to all staff.

The agency maintains and implements a policy relating to complaints. The inspector noted that no complaints had been received during the reporting period of 01 April 2016 to 31 March 2017. There are effective systems of formal and informal staff supervision and consultation, both inside and outside of normal working hours.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and service users. It was evident to the inspector that effective partnership working with HSC Trust professionals has resulted in positive outcomes for service users.

The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC (The Northern Ireland Social Care Council). Documentation in place indicated that the remaining staff have submitted their application and are awaiting their registration certificates.

Five returned questionnaires from staff indicated that:

- Current staffing arrangements meet service user's needs
- Any complaints from service users are listened to.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management of complaints and incidents.

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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews