

# Unannounced Care Inspection Report 5 September 2019



## Conard Care Services

**Type of Service: Domiciliary Care Agency**

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**Inspector: Jim McBride**

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Conard care services ltd is a domiciliary care agency based in Newtownards under the direction of the manager Paul Doran, a staff team of 179 provides care services to 312 service users in their own homes. The service users live in the North Down geographical area. The services provided range from personal care, practical and social support. The services are commissioned by the South Eastern health and Social Care Trust.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Conard Care	<b>Registered Manager:</b> Paul Doran
<b>Responsible Individual:</b> Julie Hunter	Mr Doran's - application received 19 October 2018 - registration pending
<b>Person in charge at the time of inspection:</b> Paul Doran	<b>Date manager registered:</b> Mr Paul Doran application received 19 October 2019 Registration pending.

### 4.0 Inspection summary

An announced inspection took place on the 5 September 2019 from 09.00 to 13.00.

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 have duties 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 be seeking 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.

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.

It was clear throughout the inspection that the agency promoted the service users' human rights and this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

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
<b>Total number of areas for improvement</b>	0	0

The findings of the inspection were discussed with Mr Paul Doran, registrant manager and Mrs Ursula Monan regional manager, as part of the inspection process. 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
- Review of incidents and notifications
- All correspondence received by RQIA since the previous inspection

During the inspection process the inspector spoke with the regional manager and the proposed registrant manager. The inspector had the opportunity to talk with two relatives and two service users by telephone. The overall feedback received regarding of the service was positive and no one communicated with had any concerns.

### Comments:

- “Marvellous girls.”
- “The staff are all great.”
- “They provide great care to me in my home.”
- “They are all very caring.”
- “They are brilliant.”
- “They provide good care.”
- “They are friendly and approachable.”
- “I have no problems contacting the office.”
- “I have no complaints.”
- “The care is excellent.”

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.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency’s registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within this report, two responses were returned; analysis and comments are included within the report.

The inspector would like to thank the registrant manager, service users, service user’s relatives and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Inspection findings

#### 6.2 Is care safe?

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

The service was safe. Service users and relatives felt they were treated with respect. Relatives said they were confident service users were safe and well cared for.

At the time of the inspection, the agency had a registrant manager in post, who manages the agency with the support of a number of coordinators as well as a number of domiciliary care staff. There was sufficient staff to meet service user needs safely. Relevant employment checks were carried out prior to staff providing care to service users.

Spot checks were carried out by the care coordinators to ensure quality and competency of staff. A number of these checks were reviewed and records in place were satisfactory.

The service users and relatives spoke positively about care workers and the service. They stated that they were satisfied with the level of care provided and how the service is provided. The service users stated they were treated with respect and dignity. Relatives told the inspector that they were confident that their relatives were safe in the presence of care workers and were well looked after.

A review of records confirmed that a robust system is in place to monitor the registration status of staff in accordance with the Northern Ireland Social Care Council (NISCC), the inspector noted that some staff were still in the process of registration.

Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

New staff receive a structured induction programme in line with the timescales outlined within the regulations. Discussion with the manager and review of staff records confirmed that this included a shadowing period; this practice allows the service user to get to know staff and to start building relationships, whilst including them in the process. Staffs receive additional training before the end of the required probationary period including:

- Internal communication
- Record keeping
- Care planning
- Person centred outcome focused care
- Privacy, dignity, independence and choice.

The agency provides to each staff member a “Fitness to practice passport”. This document demonstrates the agency’s aim to support staff’s continuous development and improvement in their practice. The outcome of this is to ensure service users receive good quality care and support. The document describes a three part performance area that shows:

- Skills -What they do.
- Knowledge-What they know.
- Behaviours-The way they do things.

The document describes and highlights evidence of outcomes for service users, staff and the agency whilst reflecting on attitude, behaviours in the way they work with service users.

A review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. It was good to note that additional training in areas such as diabetes awareness, nutrition and hydration and dementia awareness had been provided. There were systems in place to monitor staff performance and to ensure that they received support and guidance which included spot checks, supervision, appraisal and team meetings.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation’s safeguarding activity is in accordance with the regional policy and procedures. It was noted that the adult safeguarding champions’ position report was being formulated and would be completed by the end of April 2020. From the date of the last care inspection there had been no incidents referred to the relevant HSC Trust in relation to adult safeguarding.

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 and safety management plans had been completed in conjunction with service users and were appropriate their representatives. Risk assessments reviewed were related to risks associated with the environment, health, diabetes, eating and drinking and use of specific medicines.

Risk assessments included details of the potential risk and the level of risk. Risk assessments were personalised and included information specific to each person and their needs. The service had moving and handling risk assessments in place which provided information about what assistance people required including the use of any specific equipment. The records evidenced that the agency had achieved an appropriate balance between promoting autonomy and maintaining safety.

Service user care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff, training and development, adult safeguarding 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

### 6.3 Is care effective?

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

This service was effective. Staff had completed relevant training to enable them to care for service users. Staff were supervised and felt well supported by management. Evidence reviewed highlighted that care needs and choices were assessed and responded to.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide (2019). The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included information about service users preferred communication. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care and support plans were reviewed, the updated care plan was signed. Service users care needs and choices were assessed and responded to appropriately. Service users individual care needs were detailed in their care plans.

Some service users were supported with their nutritional and hydration needs and their care plans detailed this. Where necessary, care support plans included information about individual dietary needs and requirements, personal like's dislikes and allergies. A number of staff completed nutrition and hydration training in 2018/19.

Care reviews in conjunction with the service users and/or their relatives and HSC Trust representatives were held annually or as required and care and support plans were updated to reflect changes agreed at the review meeting. Reviews aim to give the agency an opportunity to ensure people's needs were continually being met and to assess and monitor whether there had been any changes in need. Discussions with the manager confirmed that 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. Review comments received from service users included:

- "No problems with carers."
- "Happy at present."
- "I'm happy with the care provided."
- "I do know all the care workers."
- "The staff are brilliant."
- "I'm happy with the service."

It was noted within those service users' records examined that the agency completed service user monitoring visits. The records evidenced that no concerns had been expressed by the service users during the monitoring visits. These visits identified that service users are valued as individuals and are listened to and what is important to them is viewed as important by the agency.

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.4 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 service was providing care in a compassionate manner. Care and support plans included information about individual needs and choices. Service users and relatives spoken with stated that they were satisfied with the care and support provided by the service.

Discussions with the manager and the review of training records indicated that values such as choice, dignity and respect were embedded into the culture of the organisation.

Discussions with the manager also established that the agency were aware of their responsibilities and requirements to ensure service user confidentiality and in gaining consent. Views of service users and relatives have been sought by the service through home monitoring visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by agency. The inspector reviewed the agency’s governance arrangements for quality assuring the care provided to service users. The manager advised that the staff receive spot checks to monitor and review care practices. A record is maintained of visits in staff personnel files. The staff personnel records examined evidenced a record of such spot check visits having been undertaken, with no areas for concern identified.

Upon commencement of a care package, service users are provided with a copy of the agency’s service user guide which informs service users’ of the standards and core values required to be maintained by care staff and highlights how service users can raise a concern or complaint if necessary, regarding the quality of care. Service users are also provided with complaints information to use should they wish to raise a concern. In addition, the guide provides the service user with details of advocacy groups and the Northern Ireland Public Service Ombudsman (NIPSO).

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the agency’s ethos of encouraging feedback from service users.



## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 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 service was well-led and had systems in place to check and monitor various aspects of the service provided. The service had a clear structure in place with a team of care workers, office staff, the manager and senior support.

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

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.

A new registrant manager is in place and is awaiting registration. An application has been received by RQIA.

Discussions with the manager confirmed that they had a good understanding of their role and responsibilities under the legislation and there was clear leadership provided by the manager and responsible person which resulted in a shared team culture. Discussions highlighted a focus on reflective practice and how they could do things better for service users.

The manager has a system to monitor compliance with the timescales for staff supervision and there was evidence that staff had received supervision and where applicable appraisal.

As part of the agency's review of compliance with the new General Data Protection Regulation (GDPR) the manager confirmed that the agency had sought advice regarding their GDPR responsibilities, with some changes being implemented. The manager advised that staff training has been planned with regards to the GDPR to support staff with understanding the recent changes in this area.

There was a range of policies and procedures in place to guide and inform staff. A review of a sample of policies and procedures evidenced that they had been updated within required timescales. These addressed matters such as complaints, safeguarding, whistleblowing and confidentiality. The complaints policy/procedure was noted to clearly define the agency's complaints process and provided details of external organisations which the complainant could contact if they remained dissatisfied with the agency's complaints process. Policies were maintained in a manner that was easily accessible by staff in the office or electronically.

The agency maintained a complaints and compliments record, which was audited on a monthly basis. The manager demonstrated good awareness of the agency's complaints procedure. A review of the agency's complaints records since the last inspection evidenced that the agency had received no complaints. Records in place evidenced that service users were able to complain if they wished and were knowledgeable of how to complain or raise minor concerns.

The manager discussed their commitment to driving improvement in the service by endeavouring to provide a consistent staff group to support service users. The manager described the importance placed on supporting and valuing staff to develop and improve their skills and knowledge base.

Discussion with the manager also confirmed that staff meetings are held. A review of team meeting minutes in 2019 noted that staff discussed and were given advice on:

- NISCC
- Reporting issues
- Medication
- Risk assessments
- Training
- Daily records
- Service user updates

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are monitored by the manager. The manager advised that staff were aware that any lapse in their registration would result in the staff member being unable to work within the agency until their registration was suitably updated.

The inspector confirmed that monthly quality monitoring visit reports were available for review from the last care inspection up to August 2019. Some of the comments included:

**Service users:**

- "All great they make my day."
- "I have no issues all is going well."
- "The staff are all so bright and bubbly."

**Staff:**

- "I enjoy my role."
- "Recording and reporting is important."
- "The manager is really supportive and approachable."

**Relatives:**

- "The staff engage with me well."
- "Staff are part of us; I could not manage without them."
- "The service supports us as a family."

**HSC Trust Staff:**

- "A good working relationship."
- "I have no issues with the care and support."
- "I have no issues in my areas."

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 advised that to date, the agency provides access to training. The importance of this was inherent within all training and the supervision process.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data provided is used effectively and with individual service user involvement to provide care in a person centred manner.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Disability awareness

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management of complaints, training and care reviews.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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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