

Unannounced Care Inspection Report 27 June 2017



Conard Care Services Ltd

Type of service: Domiciliary Care Agency
**Address: Room OS5, 1st Floor Sketrick House, 16 Jubilee Road,
Newtownards, BT23 4YH**
Tel no: 02891810161
Inspector: Caroline Rix
User Consultation Officer: Clair McConnell

www.rqia.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

Conard Care Services is a domiciliary care agency based in Newtownards. Under the direction of the manager Elaine Thompson, staff of 130 provides care services to 270 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 Bangor, Holywood, Comber, Ards Peninsula and Newtownards areas of County Down. The services provided range from personal care, management of medications and social support. Their services are commissioned by the South Eastern Health and Social Care Trust (HSC trust).

3.0 Service details

Registered organisation/registered person: Conard Care Services Ltd/Miss Julie Elizabeth Hunter	Registered manager: Mrs Elaine Thompson (registration pending)
Person in charge of the service at the time of inspection: Mrs Elaine Thompson (registration pending)	Date manager registered: N/A

4.0 Inspection summary

An unannounced inspection took place on 27 June 2017 from 09.30 to 16.20 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 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 on inspection.

No areas requiring improvement were noted.

Service users spoken with by the User Consultation Officer (UCO), provided mostly positive feedback regarding the service provided by Conard Care Services in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and complimented and have been detailed within the body of this report. A number of staffing issues had been raised and were discussed with the manager during inspection. All the staff spoken with during inspection provided positive feedback in terms of their work within the agency.

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 Elaine Thompson manager and Ursula Monan, regional 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.

No further actions were required to be taken following the most recent inspection on 27 June 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 Quality Improvement Plan (QIP)
- Record of notifiable events for 2016/2017
- Records of complaints notified to the agency
- All communication with the agency
- User Consultation Officer (UCO) report

Prior to the inspection the UCO spoke with nine relatives, by telephone, on 16 June 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals

During the inspection the inspector met with five care staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Three completed 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:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user records of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- Staff training schedule and records
- Four staff quality monitoring records
- Staff meeting minutes from December 2016 to June 2017
- Complaints log and records
- Compliments log and records
- Record of incidents reportable to RQIA in 2016/2017
- Annual Quality report for 2016
- Monthly monitoring reports for March to May 2017
- The agency's Statement of Purpose of July 2017

- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, missed calls and complaints
- Record of incidents reportable to RQIA in 2016/2017

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Elaine Thompson the manager and Ursula Monan, the regional manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 November 2016

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection and assessment of compliance recorded as met.

6.2 Review of areas for improvement from the last care inspection dated 22 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Recommendation 1 Ref: Standard 8.12 Stated: Second time	The registering manager is recommended to evaluate the quality of services on at least an annual basis and follow up action taken. Key stakeholders are involved in the process.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the agency have revised their annual quality review procedure. The views of key stakeholders are currently being sought as part of their annual review process. The inspector was provided with satisfactory assurances that the quality review report findings will be shared with service users and key stakeholders.	

6.3 Inspection findings

6.4 Is care safe?

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

The UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by Conard 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 service users or relatives; examples given included use of equipment, management of medication and working with people with dementia. Confirmation was received that carers wear aprons and gloves as appropriate.

The majority 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 interviewed are listed below:

- "Absolutely brilliant. No issues at all."
- "XXX is confused but the carers are great at encouraging with washing and eating."
- "Well pleased with them."

A range of policies and procedures was 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. Four staff files were sampled relating to care workers which verified that all the pre-employment information and documents had been obtained as required for each of these care workers.

An induction programme had been completed with each staff member that included competency assessments and subsequent supervision records were maintained.

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 The Northern Ireland Social Care Council (NISCC). Documentation in place indicated that the remaining staff have submitted their application and are awaiting their registration certificates. The manager discussed the system introduced to identify when staff are due to renew registration. The care staff spoken with during inspection described their registration process with NISCC.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The '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 manager is named as the agency’s Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance. 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.

The agency’s whistleblowing policy and procedure was found to be satisfactory. Each of the five staff interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

Staff training records viewed for 2016/2017 confirmed all care workers had completed the required mandatory update training programme. Records reviewed and staff feedback indicated that staff had attended a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including; dementia awareness, skin care and end of life care.

Staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm.

The agency’s registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction and training. Adult safeguarding had been appropriately managed and ongoing review of service user’s care and support was evident.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The UCO was informed by the majority of the relatives interviewed that there were no concerns regarding the carers’ timekeeping or that care has been rushed. Two relatives interviewed also 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 Conard Care were raised with the UCO. The relatives advised that home visits or 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 interviewed are listed below:

- “The girls work with us to help XXX.”
- “I would give them top marks.”
- “Some go above and beyond.”

Service user records viewed on the day of inspection 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 four service user files viewed confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met. The manager explained that the agency is usually invited to attend or contribute in writing to the commissioning trust arranged care review meetings with service users/relatives. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments had resulted in amended care plans.

Staff interviewed 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 agency’s policies and procedures on ‘confidentiality’ and ‘recording and reporting’ were viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by senior staff, with appropriate action taken with individual staff where issues had been identified.

The manager confirmed ongoing discussion of records management during staff supervision/ team meetings and during training updates and via memos to staff; discussion with care workers during the inspection supported on-going review of this topic. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users’ needs were identified.

Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user’s home.

The manager confirmed that they had a number of service user calls delivered late or missed during 2017 due to a staffing shortage. The inspector reviewed records which confirmed that appropriate action had been taken to manage these matters in conjunction with the HSC trust. The records reviewed were satisfactory. The agency’s system of staff supervision/ spot checks reviewed confirmed that, where identified, staff practice had been appropriately managed. Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

All of the relatives interviewed by the UCO felt that care was compassionate. The relatives advised that carers treat 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.

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 Conard Care. Examples of some of the comments made by the relatives interviewed are listed below:

- “They’re very good to XXX.”
- “XXX is very fond of them; has developed a good relationship with the regulars.”
- “XXX enjoys the banter; gets on well with them.”

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 a regular basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector were satisfactory.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy. The agency’s compliments records were viewed; these contained very positive feedback from service users/relatives which had been shared with staff individually and with teams.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

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. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

All of the relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Complaints had been made to management in regards to missed calls, consistency of carers, staff attitude and standard of work. The majority were satisfied as to the outcome of their complaint.

The issue of missed calls and staffing complaints were discussed with the manager who confirmed appropriate action had been taken in relation to these matters.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the manager, Elaine Thompson, care coordinators, a training officer, senior care workers and their teams of care workers provide domiciliary care and support to service users living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents had been reviewed during 2017 and contained all information in compliance with Regulations 5 and 6 and Standards 2 and 4.

Discussion with the manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The policy and procedure manual was viewed and contents discussed with the manager. Staff confirmed that they had access to the agency's policies and procedures in a range of formats. The arrangements for policies and procedures to be reviewed, at least every three years, were found to have been implemented.

Examination of records indicated that there is a system to ensure that staff supervision and appraisals are planned and completed in accordance with the agency policy. Staff records reviewed indicated staff supervision and appraisal had taken place in line with the agency procedure and this was confirmed by the manager and staff. These records reviewed were found to be satisfactory.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 1 April 2016 to inspection date 27 June 2017 with a range of complaints recorded. The inspector reviewed a sample of five complaints records which supported appropriate management, review and resolution of all except one complaint. An anonymous complaint received in April 2017 had raised a number of concerns regarding the service, records evidenced that the agency, in conjunction with the commissioning HSC trust had taken appropriate measures in an effort to resolve these matters.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

Monthly monitoring reports were viewed for March to May 2017. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards. Each report contained a summary of staff and service user monitoring, compliments and complaints; and evidenced how any issues arising had been managed.

The annual quality review report for 2016 viewed had been completed with a summary section of feedback and an action plan. The views of key stakeholders had been sought; however, the manager could not confirm that a summary of their previous report had been shared with service users or others as the management of the agency had changed. The manager confirmed that the agency have revised their annual survey process. The inspector confirmed that the agency have revised their annual quality review procedure. The views of key stakeholders are currently being sought as part of their annual review process. The inspector was provided with satisfactory assurances that the quality review report findings, when collated, will be shared with service users and key stakeholders.

The care workers interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. Staff raised a concern regarding an on-going manual handling problem with a service user; this was discussed with the manager, who confirmed this matter was being reviewed as a matter of urgency with the commissioning trust. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

Staff questionnaires received by RQIA indicated that staffs are satisfied that the current staffing arrangements meet the service users' needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships with all key stakeholders.

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.

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

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