



The Regulation and
Quality Improvement
Authority

Conard Care Services Ltd
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Saintfield
BT24 7DX

Inspector: Amanda Jackson
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**Unannounced Care Inspection
of
Conard Care Services Ltd**

28 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 28 May 2015 from 09.15 to 16.00 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

RQIA met with management from city and counties healthcare group on 2 March 2015 to discuss ongoing changes in management structure within the organisation and ongoing review of matters arising out of the previous inspection. Appropriate assurances were provided to RQIA during this meeting and ongoing regarding changes within the services and have been further reviewed during this inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the Andrea Nelson (registered manager) and the regional manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Conard Care Services/Ms Julie Hunter (registration pending)	Registered Manager: Ms Andrea Nelson (registration pending)
Person in charge of the agency at the time of Inspection: Ms Andrea Nelson	Date Manager Registered: Registration pending
Number of service users in receipt of a service on the day of Inspection: 370	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report

Specific methods/processes used in this inspection include the following:

- Discussion with the registering manager and regional manager
- Consultation with staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and fourteen relatives, either in their own home or by telephone, between 15 and 20 May 2015 to obtain their views of the service. The service users interviewed live in Groomsport, Bangor and Hollywood and receive assistance with the following:

- Management of medication
- Personal care
- Meals

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

On the day of inspection the inspector met with eight care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report.

The following records were examined during the inspection:

- Six service user records in respect of referral, assessment, care plan and review Information and agency initial visit information regarding service user guide and agreements.
- Four service user records in respect of the agency quality monitoring via telephone or face to face contact and trust review process.
- Staff meeting agenda and minutes for January to May 2015.
- Six staff quality monitoring and supervision records.
- Staff rota's for three locality areas.
- Service user compliments received by the agency from January 2014 to March 2015.
- Three complaints records.
- Two staff weekly notices regarding specialist care areas
- Three monthly monitoring reports.
- Annual quality report.
- Procedure for management of missed calls.
- Two management staff daily contact log records.
- Daily log records for five occasions (two service user related matters and three staff related matters).
- Three missed call records and follow up with staff members.
- On call rota.
- Two communication records with trust professionals.
- Three staff disciplinary record in respect of missed calls.
- Duty file.
- Three incidents reportable to RQIA in 2014/2015 (Medication, accident and misconduct)

5. The Inspection

Conard Care is a domiciliary care agency (within the City and County healthcare group) providing community based service provision to approximately 370 frail elderly (90%) (10 less than previous inspection) and physical disability / mental health (10%) people living in their own home. The service operates from a central base in Saintfield and provides services within the locality areas Bangor, Newtownards, Holywood and the Ards peninsula. Services are offered by approximately 135 staff (10 more than previous inspection) and mainly focus on the provision of personal care and domestic tasks.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 24 November 2014. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15(11)	The registered person/ manager are required to ensure all restraint relevant to each service user is detailed within their care plan/risk assessment.	Met
	Action taken as confirmed during the inspection: The registering manager confirmed a revised process whereby all service users have received a review since the previous inspection to ensure appropriate risk assessment information is held on home files. Review of three service user's files during inspection confirmed this process and updated tasks sheets which clearly evidence restraint and staff guidance.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8.11	The registered person/manager are recommended to further develop the monthly monitoring process and report.	Met
	Action taken as confirmed during the inspection: Review of three randomly selected monthly reports for January, February and March 2015 were reviewed as complaint with recommendation one and standard 8.11.	
Recommendation 2 Ref: Standard 15.10	The registered person/manager are recommended to ensure all records relating to incidents are maintained in accordance with Standard 15.10.	Met
	Action taken as confirmed during the inspection: Review of three incidents received since the previous inspection where found to be in compliance with recommendation two and Standard 15.10.	

Recommendation 3 Ref: Standard 12.9	The registered person/manager are recommended to ensure training competency assessment records for care staff are compliant with Standard 12.9 and the RQIA mandatory training guidelines (2012).	Met
	Action taken as confirmed during the inspection: Review of three randomly selected staff files during inspection were found to contain staff competency assessments compliant with recommendation three and standard 12.9.	
Recommendation 4 Ref: Standard 5.2 and Standard 5.6	The registered person/acting manager are recommended to ensure staff recording in service users homes are compliant with standards 5,2 and 5.6.	Met
	Action taken as confirmed during the inspection: Review of four service user home files during the RQIA service user visits prior to inspection confirmed compliance with recommendation four and standards 5.2 and 5.6.	

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from HSC Trust commissioners contained a reasonable level of information regarding service user and/or representative's views. The referrals detailed a care plan. The agency care plans and risk assessments completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible and this was confirmed during the UCO visits with service users and their relatives. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user.

It was good to note that service users or their representatives spoken to by the UCO are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

There were mixed results regarding new carers being 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 the carer's knowledge of the required care.

The documentation relating to four service users were reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan and risk assessment and, in the main, were accurate, up to date and included basic information regarding the service user's condition. One care plan was noted to contain out of date information and was discussed with the registering manager during inspection and recommended for attention. The agency's log sheets in the four files reviewed were being completed appropriately by the carers.

Feedback from the staff group on the inspection day indicated staff felt care delivery was safe following training.

Overall on the day the inspector found that care delivery was safe.

Is Care Effective?

The majority of the people interviewed had not made any complaints regarding the service; those complaints that had been made related to timekeeping, missed calls and new carers not being aware of the care required. All of the people interviewed are aware of whom they should contact if any issues arise.

Some of the people interviewed advised the UCO that they had received a questionnaire from the agency to obtain the views of the service from service users or their representatives. The inspector noted and discussed with the registering manager the absence of an annual quality report in compliance with standard 8.12 and this has been recommended in the QIP.

Management visits are taking place on a regular basis to discuss their care, however only two of the people interviewed were able to confirm that observation of staff practice had taken place. However records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis. No staff practise issues were identified during these spot checks and records noted positive comments received from service users/relatives regarding staff e.g.

- Feel staff go above and beyond all expectations, compassionate care
- Staff helpful and cheerful
- Staff goes way beyond the call of duty

The complaints records sampled during inspection were found to be appropriately detailed and demonstrated the actions taken to resolve the matters in a timely manner.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided. A few of these comments are detailed in the above paragraph.

The most recent monthly monitoring reports reviewed evidenced working practises are being systematically reviewed along with detailed information relating to ongoing quality monitoring feedback. Service user records viewed in the agency office evidenced how feedback received had been followed up. These records found that the agency carried out care review visits with service users at least annually, or when changes to their needs were identified.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices.

Overall on the day the inspector found that care delivery was effective.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Conard Care. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- “Don’t know what XXX would do without them.”
- “It reassures me someone will be calling with my XXX.”
- “Speak highly of them.”
- “Very nice girls, get on well.”
- “Very happy with them.”
- “We have a very good team.”

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included dementia, and working with service users with limited verbal communication and mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

Staff interviewed confirmed that service users’ views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users’ particular needs.

Overall on the day the inspector found that care delivery was compassionate

Areas for Improvement

The agency has met the required standards in respect of theme one for most areas reviewed. Staff recording in service users homes was highlighted during UCO visits for review in a small number of cases. The inspector recommended completion of the annual quality report for 2015 given that the agency do not hold a report for 2014 due to the purchase of the agency from it’s original proprietor.

Number of Requirements	0	Number Recommendations:	1
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems, policies and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed calls. Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails and evidence of these communications were verified during the inspection.

Overall on the day the inspector found that care delivery was safe.

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping, however there were mixed results regarding the agency contacting them if their carer had been significantly delayed. It would be good practice for the agency to do so when possible.

A number of the people interviewed also advised that they had experienced a small number of missed calls from the agency; the matter was discussed with the registered manager as part of the inspection and records reviewed to ensure appropriate procedures are in place to review such matters ongoing and appropriate action taken

Procedures in place for staff quality monitoring and supervision were reviewed during inspection and disciplinary processes were reviewed during inspection as appropriate for one staff member where an issue had arisen.

Staff interviewed confirmed that they felt supported by senior staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access to a service user's home.

Overall on the day the inspector found that care delivery was effective.

Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the UCO highlighted service quality in general to be good with appropriately trained and skilled staff who delivered compassionate care.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes where calls are missed or delayed.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The agency has met the required standards in respect of theme two for most areas reviewed. Staff recording in service users homes has been highlighted during UCO visits for review in a small number of cases.

Number of Requirements	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

Incidents

The inspector reviewed the agency's RQIA notification of incidents log, with eight reports received during the past year. Review of three of these incidents confirmed appropriate recording and reporting to RQIA within appropriate timeframes and appropriate management of all matters and retention of records.

Follow up to duty calls received by RQIA

Issues had been raised by an anonymous staff member regarding long working shifts and management support arrangements. Review of staff rota's and discussions with a mixed group of staff from different locality areas did not support long shift patterns. Staff spoke favourably regarding management support arrangements during working hours and during on call periods.

Issue raised by a relative regarding missed and late calls and management of same. Review of current processes for management and review of missed/late calls and discussions with service users and family members prior to the inspection supported that such matters had been more problematic in the past however quality and standards of care are much improved in recent months.

Registering manager qualification in QCF level 5

The inspector discussed with the registering manager and regional manager progress in respect of the required qualification before registration with RQIA can be completed. Confirmation provided that the qualification is scheduled for completion by December 2015 as previously agreed with RQIA following the last inspection in November 2014.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Andrea Nelson (registering manager) and the regional manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk (paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

Recommendations

Recommendation 1

Ref: Standard 8.12

Stated: First time

To be Completed by:
28 November 2015

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.

As discussed within theme one of the report

Response by Registered Person(s) Detailing the Actions Taken:

As discussed during inspection, Conard Care's Regional Quality Assurance team are working towards a new format for the completion of the annual report for 2015. This will be available within the requested timeframes.

Registered Manager Completing QIP	Andrea Nelson	Date Completed	22.07.15
Registered Person Approving QIP	Julie Hunter	Date Approved	29/07/2015
RQIA Inspector Assessing Response	A.Jackson	Date Approved	03/08/15

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address

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