

# Unannounced Care Inspection Report 30 October 2017



## Mid and East Antrim Domiciliary Care Services

**Type of Service: Domiciliary Care Agency**  
**Address: 163 Rathkyle, Stiles, Antrim, BT41 1LW**  
**Tel No: 02894428321**  
**Inspector: Joanne Faulkner**

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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

This is a supported living type domiciliary care agency located in Antrim. The agency's aim is to provide care and support to meet the individual assessed needs of service users. Under the direction of the acting manager, staff are available to provide care and support to service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group/Mr Andrew Mayhew	<b>Registered Manager:</b> Emma McLaughlin (acting)
<b>Person in charge at the time of inspection:</b> Emma McLaughlin	<b>Date manager registered:</b> Application pending

### 4.0 Inspection summary

An unannounced inspection took place on 30 October 2017 from 10.00 to 14.00

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

The inspection determined 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 recruitment, staff supervision and appraisal, quality monitoring processes and engagement with service users and Health and Social Care Trust (HSCT) representatives. No areas for improvement were identified.

Comments made by service users during the inspection and from completed questionnaires are included within the report.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, 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 24 October 2016

No further actions were required to be taken following the most recent inspection on 24 October 2016.

## 5.0 How we inspect

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

- discussion with the acting manager
- examination of records
- consultation with staff and service users
- evaluation and feedback

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the acting manager, an assistant manager and a team leader; the manager spoke to one service user.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Risk Management Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Complaints Policy
- Information Governance and Data Protection Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that organisation's Human Resources (HR) department to review the agency's staff recruitment records; details of the findings are included within the report.

At the request of the inspector, the person in charge was asked to display a poster within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

During the inspection the inspector provided questionnaires for completion by service users; four service user questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

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 most recent inspection dated 26 September 2016

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

### 6.2 Review of areas for improvement from the last care inspection dated 26 September 2016

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

## 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 inspector reviewed the agency's systems in place to avoid and prevent harm to service users; which included a review of staffing arrangements in place within the agency.

The agency's staff recruitment process is managed by the organisation's Human Resources (HR) department. Prior to the inspection the inspector visited the organisation's HR department and reviewed a number of staff personnel records; those viewed included details of the agency's recruitment processes and evidence of pre-employment checks completed. Documentation viewed and discussions with HR personnel indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's recruitment policy was noted to outline the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was noted that the recruitment policy was required to be reviewed and updated in line with timescales for review as outlined within the minimum standards; an updated policy was provided to RQIA prior to the issuing of this report. Staff records retained at the agency's office and in the HR department were noted to be well organised.

The agency's induction policy outlines the induction programme noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations; staff are required to complete corporate induction, a range of mandatory training and an induction workbook during their induction period.

A record of the induction programme provided to staff is retained; the inspector viewed a number of individual staff induction records. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The inspector viewed staff profiles in place for relief staff accessed by the agency. The person in charge described the process for ensuring that any staff provided at short notice have the skills to fulfil the requirements of the job role.

Discussions with the person in charge and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge; however the inspector discussed with the person in charge the need to ensure that the rota includes that full name of staff employed. Staff and service users who spoke to the inspector felt that there is enough staff to meet the assessed needs of individuals.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The agency provides staff with a supervision contract and retains a record of staff supervision and appraisal; those viewed by the inspector indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures.

The inspector viewed details of training completed by staff; records viewed indicated that staff had complete appropriate training for their job role. The person in charge could describe the process for identifying individual training needs of staff and for ensuring that required training updates are completed. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. The agency records compliance levels in relation to training completed; this information is reviewed by the person completing the agency's monthly quality monitoring visit.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was identified that the organisation's updated policy and procedures reflect information contained within the regional policy. The policy and procedures outline the procedure for staff in relation to reporting concerns. The agency has an identified Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility in relation to adult safeguarding.

Staff demonstrated that they had a clear understanding of adult safeguarding matters and the procedure for reporting concerns. The inspector noted that staff are required to complete safeguarding vulnerable adults training during their induction programme and a three yearly update. Service users who spoke to the inspector could describe the process for reporting concerns; it was identified that information relating to adult safeguarding had been provided to service users in a recent meeting.

The agency maintains a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with the person in charge indicated that the agency has acted in accordance with their policies and procedures when dealing with adult protection matters.

The agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety were reviewed during the inspection. The agency's risk management policy outlines the process for assessing and reviewing risk.

It was identified that the agency has risk assessments in place relating to agreed restrictive practices in place; the person in charge could describe the process for ensuring that any practices deemed to be restrictive are reviewed and updated regularly.

The agency receives a range of relevant information and assessments relating to individual service users prior to them receiving care and support. Service users could describe how staff support them to be involved in the development of their care plans. It was identified that care plans are reviewed monthly or as required; and that service users have an annual review involving their HSCT keyworker. Staff record daily the care and support provided to service users and develop a monthly review report.

The agency's registered premises are located separately to the service users' homes; the office accommodation is suitable for the operation of the agency as described in the Statement of Purpose.

Questionnaires returned to RQIA by service users indicated that they were satisfied that care provided is safe.

## **Comments received during inspection.**

### **Service users' comments**

- "I feel safe".
- "Staff are okay; they help me if I need it".

### **Staff comments**

- "I feel service users are safe".

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's staff recruitment processes, supervision and appraisal, and adult safeguarding.

## 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 care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Handbook; the service user handbook also contains information in relation to human rights, advocacy and adult protection.

The agency's information governance and data protection policy details the procedures for the creation, storage, retention and disposal of records. Records viewed both prior to and during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed by the inspector at the organisation's head office prior to the inspection were noted to be maintained in an organised manner; documentation held in the agency's office was noted to be organised and retained securely. Staff indicated that they had received information relating to record keeping and data protection during their induction.

Staff could describe the processes used for supporting service users to be effectively involved in the development of their care plans; it was noted that service users are provided with a copy of their care plan and that a copy is retained at the agency's office. The agency request that service users sign their care plan to indicate that they have agreed to the care to be provided; in addition staff record daily the care and support provided.

The inspector reviewed the agency's arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency has a system in place for monitoring quality; it was noted that the process involves a monthly visit being completed by an assistant director from within the organization. The process seeks to obtain feedback from service users and relevant stakeholders in relation to the quality of the service provided.

Records of monthly quality monitoring visits were viewed and were noted to include a comprehensive review of the agency and a detailed improvement plan. Records provided evidence to indicate that the process is effective in identifying areas for improvement and in taking appropriate action to ensure quality improvement. The documentation includes details of the review of accidents, incidents or safeguarding referrals, practices deemed as restrictive, complaints, medication, care plans and staffing arrangements. It was noted that the person completing the monitoring visit records the comments made by service users, and where appropriate their representatives. The acting manager stated that an annual audit is completed by the organisation.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with the acting manager, staff and a service user indicated that staff communicate appropriately and respectfully with service users.

Staff were knowledgeable about the individual needs service users; they could describe the methods used to support service users to live and an active and independent life. Staff stated that they seek to support service users to participate in community activities.

The agency facilitates monthly service user and staff meetings. It was identified from minutes of meetings viewed that a range of standard items are discussed at each meeting, they include recruitment; confidentiality; record keeping; service user issues; policies and procedures and adult protection. It was noted that the a small number of the minutes of the service user meetings included comments made by service users; the inspector discussed with the acting manager the benefits of the comments, views and choices of service users being reflected in the minutes.

Discussions with staff demonstrated that they endeavour to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders. The inspector viewed evidence of engagement between the agency's staff and HSCT representatives.

Questionnaires returned to RQIA by service users indicated that they were satisfied that care provided is effective.

### **Comments received during inspection.**

#### **Service users' comments**

- "I know who to contact if I am worried".
- "Everything is good"

#### **Staff comments**

- "We support service users to be as independent as possible".

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

There were examples of good practice identified throughout the inspection in relation to the agency's record keeping, auditing arrangements and communication with relevant stakeholders.

#### **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

## 6.6 Is care compassionate?

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

The agency's ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive was assessed during the inspection. It was noted that staff and service users had received information in relation to confidentiality at recent staff and service users meetings.

Discussions with service users, and staff indicated that the values such as choice, dignity and respect were embedded in the culture of the organisation.

Staff could describe the processes in place for supporting service users to make informed choices; service users stated that staff engage them in decisions about the care and support they receive and respect their views and opinions. During the inspection the inspector viewed information provided by the agency in an alternative format to support service users to be effectively engaged in decisions about their care.

There are a range of systems in place to promote effective engagement with service users; they include the agency's monthly quality monitoring process; complaints process; care review meetings and service user meetings. The agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The agency has systems in place to record comments made by service users and where appropriate their representatives. Records of service user care review meetings and reports of quality monitoring visits viewed by the inspector provided evidence that the agency endeavours to engage with service users and where appropriate their representatives in relation to the quality of the service provided.

Questionnaires returned to RQIA by service users indicated that they were satisfied that care provided is compassionate.

### **Comments received during the inspection process.**

#### **Service users' comments**

- "I am happy at present".

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

There were examples of good practice identified in relation to the agency's processes for engaging with service users and in providing care in a person centred manner.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

### 6.7 Is the service well led?

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

The agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis the acting manager, an assistant manager and a number of team leaders. Staff could describe the process for obtaining support from senior management if required.

The agency has a range of policies and procedures noted to be in accordance with those as required within the minimum standards; they are retained in an electronic format which staff can access. Prior to, during and following the inspection the inspector viewed a number of the organisation's policies; it was identified those viewed had been reviewed and update in accordance with timescales for review as outlined within the minimum standards.

The agency's procedures for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users were reviewed. Records viewed and discussions with the staff indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for effectively handling complaints; discussions with staff indicated that they had a clear understanding of the actions required in the event of a complaint being received. Staff receive training in relation to managing complaints during their induction programme. Service users knew who to speak to if they had a complaint or concern.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that complaints received by the agency since the previous inspection had been managed in accordance with the organisational policy and procedures. The inspector identified from records viewed that the agency retains a record of the outcome of the investigation of individual complaints.

Records viewed and discussions with the person in charge indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for the ongoing review of staffing arrangements, incidents, accidents safeguarding referrals and complaints. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, training, supervision and appraisal.

The organisational and management structure of the agency is outlined in the service user handbook. Staff had an understanding of their individual job roles and responsibilities; they are provided with a job description at the commencement of their employment. Staff demonstrated that they had an understanding of the procedure for raising concerns and had knowledge of the agency's whistleblowing policy.

Staff stated that the managers are supportive; they described the process for accessing additional support if required. Service users were aware of staff roles and knew how to access support from staff. The inspector discussed with the acting manager the need to ensure that the service user guide contains up to date information in relation to staff roles and responsibilities.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including HSCT representatives.

All staff are required to be registered with the NISCC or other relevant regulatory body; copies of the individual staff member's registration certificates are retained by the agency and in addition a record is maintained by the agency's HR department. Discussions with HR personnel and the person in charge provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Questionnaires returned to RQIA by service users indicated that they were satisfied that the service is well led.

### **Comments received during inspection.**

#### **Staff comments**

- 'I like working here; I feel supported by the managers.'

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

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements, management of complaints and monitoring of registration with regulatory bodies.

#### **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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