

Unannounced Care Inspection Report

7 September 2017



Age NI, Belfast

Type of Service: Domiciliary Care Agency

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Tel No: 02890315854

Inspector: Kieran Murray

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

This is a domiciliary care agency supported living type which provides personal care and housing support to 30 individuals with dementia in their own homes. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent. The service users are consulted and involved in all decisions associated with their support. They are supported by 14 staff.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual: Linda Robinson	Registered Manager: Mrs Sharon Fitzpatrick
Person in charge at the time of inspection: Mrs Sharon Fitzpatrick	Date manager registered: 14/05/2009

4.0 Inspection summary

An unannounced inspection took place on 7 September 2017 from 10.00 to 16.30.

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

The inspection assessed progress with any areas for improvement identified 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:

- Staff recruitment
- Care Reviews
- Training and development
- Supervision and appraisals
- Professional body registrations
- Next of kin details
- Car business insurance records.

No areas of improvement were identified during this inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Sharon Fitzpatrick, Registered 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.

5.0 How we inspect

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

- Previous inspection report
- Record of notifiable incidents
- Record of complaints
- Correspondence with RQIA.

Prior to the inspection the User Consultation Officer (UCO) spoke with nine relatives, by telephone, on 5 and 6 June 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Personal care
- Management of medication
- Sitting service
- Financial assistance i.e. shopping.

During the inspection the inspector met with one service user, the registered manager, two staff, one professional and no visitors/representatives.

The following records were examined during the inspection:

- Three service users' care and support plans
- Care review records
- Recording/evaluation of care records
- Monthly monitoring reports
- Staff meeting minutes
- Records relating to staff training, including induction training
- Records relating to staff supervision/appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Staff rota information
- Staff communication records
- Recruitment Policy
- A range of policies relating to the management of staff
- Supervision Policy
- Induction Policy
- Safeguarding Adults in Need of Protection Policy, 2016
- Whistleblowing Policy
- Data Protection
- Policy Statement of Purpose
- Service User Guide.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 5 May 2016

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 May 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with Standards		Validation of compliance
Area for improvement 1 Ref: Standard 12.1 Stated: First time	The registered person should ensure newly appointed staff complete structured orientation and induction, having regard to NISCC’s Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency’s policies and procedures. (In relation to induction dates and competency sign off).	Met
	Action taken as confirmed during the inspection: Review of induction and NISCC templates were available and up to date at the time of inspection.	
Area for improvement 2 Ref: Standard 8.12 Stated: First time	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process. (In relation to staff and commissioner feedback).	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Up to date Annual Quality Reports included staff and commissioner feedback at the time of inspection.</p>	
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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.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process. The inspector examined a range of staff files which showed that appropriate pre-employment checks had taken place.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations. Staff stated that they are required to shadow other staff members during their induction. The inspector spoke to two staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the registered manager.

Staff comments:

- "My induction prepared me for my job."
- "Rota is good".

The registered manager informed the inspector that a list of staff's next of kin details are accessible 24 hours a day in the event of an emergency. The inspector noted these details in induction files.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

On the day of the inspection the inspector evidenced a detailed list of staff's driving licences and business car insurances renewal dates.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the registered manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that there had been one safeguarding referral made since the previous inspection 05 May 2016. These referrals were made appropriately in conjunction with the HSC Trust as evidenced by the inspector.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

The inspector observed evidence of staff's registration with both the Northern Ireland Social Care Council (NISCC) in their personal files. The registered manager informed the inspector that the agency pays the first registration fee for new members of staff. The registered manager provided the inspector with a list outlining renewal dates for each member of staff. The registered manager informed the inspector that the human resources alert staff when their registrations are due for renewal.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training matrix which indicated compliance with regulation and standards.

The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been one incident since the previous inspection 5 May 2016; records provided to the inspector confirmed that they were completed in line with policy and procedure.

The inspector noted that the agency had received no complaints since the last inspection 05 May 2016.

The inspector noted that evidence of review of service users' needs took place six monthly or as required.

The UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by Age NI. New carers had been 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 dementia awareness, management of medication and use of equipment. All of the relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns.

Relative’s comments:

- “Consistency is great. We have got to know them well.”
- “It’s peace of mind for me that someone calls with XXX when I can’t.”
- “They let me know if anything is wrong.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, next of kin contact details, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

Of nine questionnaires returned by staff, nine indicated that they were ‘very satisfied’ care was safe.

	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 agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide.

The inspector reviewed three service users’ care and support plans. The inspector was informed that care and support plans are reviewed three to six monthly by multi-disciplinary teams or sooner if required. The inspector examined review documentation and the records were satisfactory. The agency maintained recording templates in each service user’s home file on which care workers recorded their visits.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and service users’ indicated that service users or their relatives: have a genuine influence on the content of their care plans.

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

No issues regarding communication between the service users, relatives and staff from Age NI were raised with the UCO. The relatives advised that home visits and phone calls have taken place as well as questionnaires received from the agency to obtain their views on the service.

Service user or their relative's comments:

- "Couldn't fault them."
- "Very good service"
- "Brilliant. Would recommend them."

Community professional comments:

- (Agency) "More specialised in dementia care."
- (Agency) "Very good service."

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of staff, relatives as appropriate and community keyworkers, and progress on improvement matters. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

Records reviewed in the agency office confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. Discussions with staff during inspection presented staff being unaware of such monitoring processes. This was discussed with the manager who confirmed that the process would be discreet and not directly obvious to staff involved. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits. This was confirmed during discussions with the manager.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The registered manager and staff described effective verbal and written communication systems with the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection the inspector observed staff as they interacted with service users which reflected their understanding of service user's choice, dignity, and respect.

Review of team meeting records indicated that team meetings took place on a regular basis; the registered manager and staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

The inspector reviewed the annual quality reports for 2016 and 2017 which evidenced service user's, relatives, staff, and commissioner feedback.

The agency had received a number of ‘thank you’ cards from service users or their relatives.

Advocacy service information was available at the agency for service users to contact if necessary.

The registered manager informed the inspector the desktop computer is available in the agency office for staff to use to access policies. Policies were also available on file in the agency office.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

Of nine questionnaires returned by staff, nine indicated that they were ‘very satisfied’ care was effective.

	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.

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Observation from the service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

The registered manager advised the inspector that two service users had taken part in a regional media dementia awareness campaign called 'Still me'.

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

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Age NI.

Service user or their relatives comments:

- "They're more like friends."
- "Lovely girls."
- "Both the girls and office staff are very supportive."

Staff comments:

- "Great team."

Community key professional comments:

- (Agency) "More consistency."

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Of nine questionnaires returned by staff, nine indicated that they were 'very satisfied' care was compassionate.

	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.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team. On the day of the inspection it was noted that all incidents and safeguarding referrals were managed according to policy and procedure.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered manager informed the inspector that the Senior Support Worker staff have on occasions deputised for the manager. On the day of the inspection the inspector evidenced information on the agency computer which Senior Support Worker staff would not have access to if they were in charge at the time of an inspection. The registered manager was advised by the inspector to file all information in appropriate files, case notes etc. This can be reviewed at the next care inspection.

An annual report is completed by the registered manager and is available on the noticeboard within the agency.

The agency maintains a robust quality monitoring system which provides a thorough standard of monitoring in accordance with RQIA guidance.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

All of the service users and relatives interviewed by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One relative advised that complaints had been made regarding consistency, timekeeping and missed calls; they were satisfied with the handling of their concerns.

No concerns regarding the management of the agency were raised during the interviews.

Service users’ or their relatives’ comments:

- “I appreciated the fact that where possible it was the same people who came, so that we both got to know you and you us.”

Staff comments:

- “Service well run.”

Community keyworker’s comments:

- “Very good service.”

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Of nine questionnaires returned by staff, nine indicated they were ‘very satisfied’ that the service was well led.

	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.



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