

Unannounced Care Inspection Report 19 June 2018



Rose Lodge Community Care

Type of Service: Domiciliary Care Agency
Address: 185 Belsize Road, Lisburn, BT27 4LA
Tel No: 02892604464
Inspector: Marie McCann
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

This is a domiciliary care agency which provides personal care, meal provision and sitting services to people living in their own homes. Service users have a range of needs including dementia, mental health, learning disability and physical disability. The South Eastern Health and Social Care Trust (SEHSCT) commission these services.

3.0 Service details

Organisation/Registered Provider: Rose Lodge Care Homes Ltd Responsible Individual(s): Ms Dorothea Margaret Kidd	Registered Manager: Mrs Jenna Hill - application received - registration pending.
Person in charge at the time of inspection: Ms. Dorothea Margaret Kidd	Date manager registered: As above

4.0 Inspection summary

An unannounced inspection took place on 19 June 2018 from 09:00 to 17:00.

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 and training, supervision and appraisal, adult safeguarding, risk management, service users review processes, provision of compassionate care, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

There were no areas requiring improvement identified.

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 Dorothea Margaret Kidd, responsible person 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 18 May 2017

No further actions were required to be taken following the most recent inspection on 18 May 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:

- unannounced care inspection report dated 18 May 2017
- incident notifications which evidenced that 14 incidents had been notified to RQIA since the last care inspection on 18 May 2017
- information and correspondence received by RQIA since the last care inspection
- user consultation officer (UCO) report

As part of the inspection the (UCO) spoke with seven relatives, by telephone, on 11 and 12 June 2018 to obtain their views of the service. Those spoken to informed the UCO that their relatives received assistance with the following:

- management of medication
- personal care
- meals

During the inspection the inspector met with the responsible person and three staff.

The following records were examined during the inspection:

- Three service users' individual care records
- Four staff individual personnel records
- A sample of staff rosters
- A sample of incidents/accidents/complaints for April 2018 to 14 June 2018
- A sample of minutes of staff meetings dated April 2018 and June 2018
- A sample of monthly quality monitoring visit reports dated March 2018, April 2018, May 2018
- Supervision Policy
- Induction Policy
- Safeguarding Policy
- Whistleblowing Policy
- Referral arrangements Policy
- Care planning and review Policy
- Incidents Policy
- The Statement of Purpose
- The Service Users Guide

At the request of the inspector, the responsible person was asked to display a poster prominently within the agency's registered premises which invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. The responsible person reported that in addition to displaying the poster, a copy of the poster would be sent to all staff. No questionnaires were returned.

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 18 May 2017

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 18 May 2017

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

Four personnel files relating to recently appointed staff were reviewed. These records confirmed that the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. The agency was recommended to request applicants to record month of commencement date with previous employers. Documentation viewed and discussions with the responsible person 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 has a structured induction programme lasting at least three days. It was positive to note that staff completed a reflective account of training sessions they had attended and staff completed a personal development and training plan. The person in charge advised that the agency has started to use the NISCC induction workbook with staff. There were no records to review on day of the inspection on the use of the workbooks as they were held by staff who were in the process of working through them.

A record of the induction programme provided to staff; was retained; the inspector viewed a number of individual staff induction records. It was positive to note that the induction for one staff member was extended to ensure an appropriate level of competency in the role and additional support was provided to achieve this. Discussions with staff on the day of inspection indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

Discussions with the person in charge and staff established 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 importance of providing consistent staff to service users was evident; however the person in charge and staff discussed the challenges faced in providing continuity of care on occasions due to staff absences.

Discussion with staff on the day of inspection raised no concerns in regards to having appropriate time to undertake their duties as per individual service user care plans and UCO feedback from service users raised no concerns regarding the carers' timekeeping or that care had been provided in a rushed manner. However observation of a sample of duty rosters evidenced that they did not accurately reflect the start/end times of calls. While discussion with the person in charge and review of a sample of daily care records provided assurance that service users were receiving calls from staff for the required duration, the need to ensure that the staff roster provides such information in a consistent and reliable manner was stressed. The person in charge provided assurances that the duty rosters would be reviewed and appropriate action taken.

The agency has a system in place to ensure that staff receive supervision and appraisal and records are retained. It was noted that supervision can take the form of one to one supervision and direct observations. It was positive to note that the supervision process encouraged staff to identify goals as part of their personal development and sought feedback on how to improve services.

The inspector viewed the agency's system to ensure all staff receive appropriate training to fulfil the duties of their role. This record confirmed all care staff had completed the required mandatory training and that arrangements were in place to identify and meet ongoing training updates required in line with a rolling programme of training. The agency records compliance levels in relation to training completed; this information is audited by the person completing the agency's monthly quality monitoring visit. Additional training opportunities were provided to staff in relation to dementia awareness and NISCC.

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 and its associated Operational Procedures, September 2016. The agency has updated its policy and procedures to reflect information contained within the regional policy. An Adult Safeguarding Champion (ASC) was identified for the service. Staff are required to complete safeguarding adults training during their induction programme and an update two yearly. Review of records confirmed that all staff had received adult safeguarding training, two staff were booked into training for later this year, which if completed as planned will ensure they are compliant with their two yearly update. Discussion with staff established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in

relation to referring safeguarding concerns to appropriate professionals. In addition staff were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and about poor practice, and were confident of an appropriate management response. The agency's Whistleblowing policy and procedure was reviewed and found to be satisfactory.

The person in charge confirmed that the agency maintain a record of safeguarding referrals made to the SEHSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. The inspector was advised that there were no current ongoing safeguarding investigation or referrals pending to view.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. The agency's referral, care planning assessment and review policy outlines the process for ensuring the agency has the necessary information to provide safe and effective care to service users and review risks.

The agency receives a range of relevant information and assessments relating to individual service users prior to them receiving care and support. In addition to this information, the agency completes a range of risk assessments with respect to the safe management of medication, an environmental assessment and a pre-commencement assessment visit. The inspector advised that the pre-commencement assessment visit record should be updated to include the service user signature, and provide a comment if the service users are unwilling or unable to sign the document. A document is also provided for service users or their relatives to complete which allows service users to provide relevant information with respect to their health and social needs and things that are important to them. The use of this person centred document is to be commended.

The UCO was advised by all of the relatives spoken to that there were no concerns regarding the safety of care being provided by Rose Lodge Community Care. There were mixed results regarding new carers having 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. This feedback was provided to the agency to review and address.

No issues regarding the carers' training were raised with the UCO by the relatives; examples given included manual handling, use of equipment and management of medication. All of the relatives spoken to 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 spoken to are listed below:

- "Doing a good job."
- "Not one complaint in all those years."
- "They're first class."

Comments received during the inspection from staff:

- "The pre-commencement assessment visit is very important, we aim to put service user at ease and answer any questions, it helps build relationships."
- "We are given the necessary information to provide safe care."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain 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 agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed. Discussions with staff and review of records evidenced that collaborative working existed with service users, their relatives or representatives and multi-disciplinary professionals. Staff spoken with provided feedback which indicated that they had a good understanding of the management of risk, and the importance of reporting any issues to the management team in a timely manner.

The agency provides care as outlined in the care plan provided by the SEHSCT in consultation with the service user and/or their representatives. The person in charge advised that the agency often have to ask SEHSCT representatives a number of times for an updated care plan as the agency recognise the responsibility they have to ensure they have an agreed care plan/amendment from the trust before they can provide a service.

Within the agency’s service user guide, service users are provided with information in relation to potential sources of support to discuss their needs and care plan with their agency keyworker or SEHSCT keyworker and they were provided with information regarding the advocacy role of the patient client council. It was positive to note that agency has a keyworker system in which service users have an identifiable keyworker who will be one of the main team of care staff attending to the service user.

A staff member spoken to on the day of inspection who is a keyworker commented on the benefits of the keyworker role in developing continuity of care: “getting to know service users, building trust and being able to identify even small changes is very important.” Staff were knowledgeable about the individual needs of service users; they could describe the methods used to support service users to remain at home. Staff described how they record the care and support provided to service users at each visit within the agency’s evaluation sheets, one staff member commented: “if it is not written down, it didn’t happen” and this ethos is imparted to all staff. The person in charge advised that individual service user evaluation sheets are collected from the service users’ home once a month and random audits were carried out. An outcome of an audit of times provided for calls versus time commissioned was evidenced in the record of the agency’s monthly quality monitoring report.

The person in charge confirmed that the agency implements an ongoing quality monitoring process as part of their review of services and this was evident during review of agency records and discussions with staff. This included service user care reviews undertaken by the agency, monthly monitoring telephone calls, and an annual satisfaction survey. A review of a sample of these records identified no concerns. The inspector however did advise that the agency care review record was updated to include service user signature and reflect commentary if service user was unwilling or unable to sign. Records of monthly monitoring calls were maintained dated and signed; the inspector advised that the time of calls should also be recorded. The person in charge provided assurances that these changes would be made.

The person in charge confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was evident during inspection. However they reported that the agency was not typically invited to SEHSCT reviews or aware of when these occurred.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with the person in charge, staff and feedback from the UCO indicated that staff communicate appropriately with service users. The agency had processes in place to record comments made by service users. Details of the annual service user satisfaction survey, records of service user care review meetings, monitoring calls and monthly quality monitoring reports 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.

The person in charge and staff described effective communication systems in use within the staff team, to ensure staff received information relevant to the care and support of service users. Staff had access to the management team via telephone; including out of hours support. A review of team meeting minutes since the last inspection evidenced that they were typically held monthly, minutes were typed and had a varied agenda. It was positive to note confirmation from the person in charge that copies of the team meeting minutes were emailed to all staff. A review of the minutes of the last two meetings evidenced discussion regarding the NISCC domiciliary care toolkit, a review of the agency's finance policy, infection control policy and feedback was sought from staff regarding any issues.

The UCO was informed by the relatives spoken to that there were no concerns regarding the carers' timekeeping or that care had been provided in a rushed manner. The relatives spoken to also advised that they had not experienced any missed calls from the agency.

No issues regarding communication between the service users, relatives and staff from Rose Lodge were raised with the UCO. The relatives advised that home visits and phone calls had taken place to obtain their views on the service as well as receiving questionnaire from the agency.

Examples of some of the comments made by the relatives spoken to are listed below:

- "Well run organisation."
- "No problems at all."
- "Very good service."

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 and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain 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.

The inspection assessed the agency's ability to treat service users with dignity, respect and compassion and to engage service users in decisions affecting the care they receive. Discussions with the person in charge and staff indicated that the values such as choice, dignity and respect were embedded in the culture of the organisation. The agency's new staff induction handbook provides new employees with a guide to good practice/values that is expected of them in their role.

The inspector noted that following the return of the service user satisfaction surveys in April 2018 an action plan was developed by the agency. It was good to note that the details of the most recent survey indicated that 99% of service users agreed that they were afforded dignity, privacy and respect. With 97% of service users responding that they believed they are encouraged to lead an independent life as much as their condition allows. With respect to recommending the agency to others 96% agreed they would and 4% remained neutral.

Examples of some of the comments made by service users or their relatives in their questionnaire responses are listed below:

- "My aunt received first class care from all Rose Lodge staff, she loves to see them coming to see her. She is very relaxed in their company".
- "My carers are all very helpful, nothing is too much trouble. Thank you girls!"
- "Great girls who really care no acting on their part. I thank God every day for them."
- "All staff are committed to the job they do and never come across negatively. During the bad weather they still provide high standards under obviously difficult conditions."

In addition to the range of systems for service user consultation the person in charge and staff confirmed that team leaders also regularly undertook spot checks of staff practice to ensure effective service delivery. The agency is in the process of developing a monthly theme for these spot checks. A sample of records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. The person in charge and staff spoken with on the day of inspection described how any areas of concern noted would be addressed and followed up with additional training and as appropriate further spot checks.

All of the relatives spoken to by the UCO felt that the care provided was compassionate. The relatives advised that carers treated them with dignity and respect. Service users, as appropriate, were given their choice in regards to meals and personal care.

Examples of some of the comments made by the relatives are listed below:

- “Very, very good to her.”
- “They’re very patient with xxxx.”
- “Some are absolutely outstanding.”

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 in this domain 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.

The agency had systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the manager, Jenna Hill, a team of administrative support staff and care staff provide domiciliary care and support to people living in their own homes. The person in charge on the day of inspection and staff who met with the inspector could clearly describe staff roles and responsibilities and the process for obtaining support from senior management if required. The agency’s organisational and management structure that identifies the lines of accountability and specific roles was noted to be available within the staff handbook and the agency’s Statement of Purpose.

As part of the agency’s review of compliance with the new General Data Protection Regulation (GDPR) the person in charge confirmed that advice has been sought regarding their GDPR responsibilities. The outcome of this initial review has been the cessation of the agency’s online system from where staff could have previously accessed agency policy and procedures and rosters. Alternative arrangements have been put in place for staff to access this information in paper format in the agency office. The inspector advised the person in charge to review guidance available on the RQIA website and to liaise with the SEHSCT regarding their GDPR responsibilities.

During the inspection the inspector viewed a sample of the agency’s policies; it was identified that they had been reviewed and updated in accordance with timescales for review as outlined within the minimum standards.

Discussions with the person in charge and staff on the day of inspection described positive working relationships in which issues and concerns could be freely discussed, with one staff commenting: “management are very supportive, I feel I could raise any issue and it would be listened to.”

The agency’s governance arrangements to highlight and promote the identification of and management of risk were inspected. A date ordered matrix was maintained to record all incidents, accidents and complaints, with follow up actions taken, actions still required and outcomes. There was evidence that this information was reviewed and audited and the person in charge had a good working knowledge of the information. Review of this system identified that the agency was open and transparent regarding incidents/accident, safeguarding referrals and complaints. A review of records confirmed that relevant SEHSCT representatives were informed with regards to any incidents as required. Discussion with staff on the day of inspection also reflected a culture of transparency confirming that “staff are always advised to report everything, no matter how small, it’s always better to err on the side of caution.”

The inspector discussed the notifications received by RQIA since the previous inspection in conjunction with the current statutory notification of incidents guidelines provided by RQIA. Discussion confirmed that none of the incidents were notifiable to RQIA. The person in charge confirmed full understanding that the incidents discussed remain reportable to the SEHSCT as part of their commissioning contract.

It was identified that the agency’s quality monitoring process, which included engagement with service users and/or their relatives in conjunction with the SEHSCT community keyworker; the monthly quality monitoring report, compliments and complaints process; care review meetings; monitoring calls and staff monitoring arrangements, assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The inspector confirmed that monthly quality monitoring visit reports were available for review from the last care inspection up to May 2018. Samples of reports were viewed for March 2018, April 2018 and May 2018. The reports evidenced that the responsible person monitors the quality of the service provided in accordance with the minimum standards. Positive feedback was noted from consultation with service users, their relatives and SEHSCT professionals. The records demonstrated a quality improvement focus. The inspector advised that service user and relatives’ names should be anonymised in the reports with use of a unique identifier code. The person in charge agreed to implement this.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body. Discussions with the person in charge and review of records provided assurances that the agency 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.

All of the service users and relatives spoken to by the UCO confirmed that they were aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the discussions.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The person in charge confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition they confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The person in charge advised that the agency does not seek any further equality information from the service users other than that provided by the commissioning SEHSCT. The data provided by the SEHSCT is used effectively and with individual service user involvement when a person centred care plan is developed.

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

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

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 in this domain 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.



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