

Unannounced Domiciliary Care Agency Inspection Report 20 April 2016.



Rose Lodge Community Care

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Rose Lodge Community Care took place on 20 April 2016 from 09.30 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the delivery of service. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes, and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Dorothea Kidd, registered person/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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation / registered person: Rose Lodge Community Care/ Dorothea Kidd	Registered manager: Dorothea Kidd
Person in charge of the agency at the time of inspection: Dorothea Kidd	Date manager registered: 28 May 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report

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

- Discussion with the registered manager
- Consultation with four staff
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection, the User Consultation Officer (UCO) spoke with five service users and four relatives in their own homes, on 18 April 2016, to obtain their views of the service. The service users interviewed receive assistance with the following:

- Management of medication
- Personal care
- Meals

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

The registered person/manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspectors' questionnaires asked for staff views regarding the service, and they requested their return to RQIA. Four completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Two trust care review meeting records
- Two staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff duty rotas for 18 April to 1 May 2016
- Minutes of staff meetings held March and April 2016
- Service user compliments received from April 2015 to April 2016
- Complaints records
- Monthly monitoring reports for January to March 2016
- Annual quality report 2015
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Manager's daily contact log records/on call logs for February to April 2016
- Record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 April 2015

The most recent inspection of the agency was an unannounced care inspection. There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

The agency currently provides care and support to 147 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training, and found to be in compliance with relevant regulations and standards.

Two files were sampled relating to recently appointed care workers which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with these staff members. A competency assessment had been carried out with these new care workers and subsequent supervision records maintained. One of the four care workers interviewed, who had commenced employment within the last year, described her recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

The UCO was advised by all of the people interviewed that there were no concerns regarding the safety of care being provided by Rose Lodge. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the care required.

No issues regarding the carers' training were raised with the UCO; examples given included dementia and working with people with limited mobility. All of the people interviewed confirmed that the carers and office staff are approachable if they have any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Absolutely brilliant."
- "Couldn't say anything bad."
- "Can't complain."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their Safeguarding Vulnerable Adults and Children Policy and Procedure provided information and guidance as required. The registered person/manager indicated that this document had been revised 19 April 2016 to incorporate the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered person/manager who confirmed care workers had been provided with updated information during team meetings in March 2016 which referenced the DHSSPSNI guidance document. The agency's Whistleblowing Policy and Procedure was found to be satisfactory.

Staff training records viewed for 2015 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

Each of the five care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. Staff questionnaires received by the inspector confirmed that staff felt service users were safe and protected from harm.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures. The inspector discussed with the registered person/manager the agency's notification report received by RQIA in February 2016 regarding a high level of unexpected staff absences. The records evidenced that appropriate measures had been taken, in conjunction with the commissioning Health and Social Care (HSC) Trust, to ensure the safety and wellbeing of the service users affected was minimised.

A sample of four service user files confirmed that the quality monitoring officer from the agency had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered person/manager confirmed that the agency is usually invited to contribute either in writing or to attend the commissioning trust care review meetings with service users/representatives.

The agency's registered premises include a suite of offices and staff facilities suitable for the operation of the agency as set in the Statement of Purpose. Records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.3 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care is being rushed. However, on review of the agency's documentation, it was noted that there was some variation in call times and length of calls; this was discussed with the registered person/manager.

The records relating to these issues were reviewed, with communications to/from the Health and Social Care (HSC) Trust care manager via phone calls and email requesting revised timetable of services.

One relative advised that they had experienced one missed call from the agency which was reported to management. Service users/relatives reported that they were normally introduced to new carers by a regular carer or supervisor. It was also confirmed that new carers had been made aware of the service users' care needs.

Service user records viewed in the agency office included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or representatives' views had been obtained, and where possible, incorporated. One service user file contained details relating to a missed call experienced during March 2016. This area had been addressed by the agency, and subsequent quality monitoring visits indicated that there had been no further missed calls. The most recent feedback from this service user was noted as: 'I am happy with the care I receive'.

The service users/relatives confirmed that management from the agency carry out regular home visits and phone calls, and they also received satisfaction questionnaires from Rose Lodge Community Care asking for their views on the service. All of the service users and relatives interviewed by the UCO confirmed that they are involved in trust reviews regarding the care package.

Service user records evidenced that the agency completed monitoring visits with service users six monthly and telephone contacts three monthly, along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and trust care managers, where changing needs were identified and reassessments resulted in amended care plans.

The agency had completed an annual quality review report for 2015, with a summary report of findings and improvements planned. The registered person/manager confirmed the summary report had been provided to all service users during April 2016 with the information on how to access the full report. The content of the annual quality review report was found to contain feedback from a variety of stakeholders. The report indicated an on-going quality review process was embedded within the organisation, and is to be commended.

The agency's policy and procedure on records and reporting care practices was viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff, and one practice issue regarding a care worker not completing their full signature addressed.

The registered manager confirmed ongoing discussion of records management during staff team meetings and during training updates. Discussions with care workers during the inspection supported ongoing review of this topic. Minutes of staff meetings viewed for March and April 2016 confirmed this area had been discussed.

Care workers interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs were identified. Staff questionnaires received by RQIA indicated that they received monitoring/spot checks by their supervisor.

Care workers interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Care workers described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Service users and relatives spoken to by the UCO, and care workers spoken with during the inspection, suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care compassionate?

All of the service users/relatives interviewed by the UCO indicated that care was compassionate, that carers treat them with dignity and respect, and care was not being rushed. Service users/relatives reported that as far as possible, they were given choice in regards to meals and personal care.

Views of service users and relatives were sought through home visits, phone calls and questionnaires on a regular basis to ensure satisfaction with the care being provided by Rose Lodge. Examples of some of the comments made by service users or their relatives are listed below:

- “All very nice.”
- “New to the service but so far, so good.”
- “I am trying to keep my independence but the girls help me if I need it.”
- “The girls would do anything for me.”

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. From the records reviewed by the inspector, a number of staff practice issues were identified during spot checks and monitoring visits which related to record keeping and not wearing their identity badge. The records reflected that these issues had been appropriately addressed by the agency. It was good to note positive comments from service users had been recorded on their monitoring records. The registered person/manager explained how their policy and procedure on listening and responding to service users’ needs provided care workers with clear guidance in this area of care.

The agency’s compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with care workers individually and at team meetings.

Care workers interviewed on the day of inspection described aspects of care provision which reflected their understanding of service user choice, dignity, and respect.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. The registered person/manager, Dorothea Kidd, is supported by a finance manager, human resources manager, community administrator and quality monitoring officer in the management of this domiciliary care agency. Under the direction of the management team, senior care workers and care workers provide domiciliary care and support to 147 people living in their own homes.

Discussion with the registered person/manager and care workers interviewed indicated they understood the organisational structure within the agency and their roles and responsibilities.

The Statement of Purpose and Service Users' Guide were reviewed. The contents of both documents had been reviewed in April 2016 and each contained the required information.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed, at least every three years, was found to have been implemented with all of the policies sampled reviewed since January 2014.

It was noted that the agency has in place a comprehensive range of policies and procedures which were reviewed in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained on an electronic database accessible to all staff, and additionally in paper format stored within the agency's office; the inspector viewed a number of policies and procedures on the electronic system and within the paper manual. The arrangements for policies and procedures to be reviewed, on an annual basis or more often if needed, was found to have been implemented with all of the policies sampled reviewed in January 2016.

Care workers interviewed confirmed that they had access to the agency's policies and procedures in a range of formats.

All of the service users/relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One relative informed the UCO that a complaint had been made to the agency and that they were satisfied with the outcome. No concerns regarding the management of the agency were raised during the interviews.

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

The complaints log was viewed for April 2015 to April 2016, with fifteen complaints received. The inspector reviewed four complaint records and found these matters had been appropriately managed and resolved to each of the complainants' satisfaction.

Discussion with the registered person/manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Four of the thirteen incident records were viewed; each demonstrated that appropriate action had been taken on receipt of the incident report.

The inspector reviewed the monthly monitoring reports for January to March 2016. These reports evidenced that the responsible person/manager, in conjunction with the organisation's directors, had been monitoring the quality of service provided in accordance with minimum standards.

The care workers interviewed and staff questionnaires returned indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as extremely valuable to staff seeking advice but also as a support and reassurance outside office hours.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards.



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