

# Unannounced Care Inspection Report 18 May 2017



## Rose Lodge Community Care

**Type of service: Domiciliary Care Agency/Conventional**

**Address: 185 Belsize Road, Lisburn, BT27 4LA**

**Tel no: 028 9260 4464**

**Inspector: Jim McBride**

**User Consultation Officer: Clair Mc Connell.**

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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 18 May 2017 from 09.00 to 12.30.

The inspection sought to assess progress with any issues raised 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.

### **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. Ongoing staff training is supported through regular training sessions. Ongoing staff quality monitoring was also evident. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. Staffing levels reviewed and discussed during inspection supported appropriate staff in various roles to meet the needs of their service users. The inspection outcomes demonstrated compliance with regulations and standards.

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 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. The inspection outcomes demonstrated compliance with regulations and standards.

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 agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. A range of compliments and UCO feedback supported the inspector assessment of compassionate care being delivered. The inspection outcomes demonstrated compliance with regulations and standards.

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 evidence of policies and procedures alongside the agency statement of purpose and service user guide. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. Processes were evident in support of quality monitoring and review of potential incidents and/or complaints. The manager presented appropriate knowledge in managing the service and provided all requested information for inspection review. The manager of the agency had a clear understanding of staff roles and responsibilities within the management structure. The inspection outcomes demonstrated compliance with regulations and standards.

No areas for quality improvement were identified.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Jenna Hill, 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 14/07/2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Rose Lodge Domiciliary care Agency Mrs Dorothea Margaret Kidd	<b>Registered manager:</b> Mrs Jenna Hill
<b>Person in charge of the service at the time of inspection:</b> Mrs Jenna Hill	<b>Date manager registered:</b> Awaiting Registration

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report and Quality Improvement Plan; (QIP)
- Record of notifiable events for 2015/2016;
- Records of communication received by RQIA.

Prior to the inspection the UCO spoke with two service users and nine relatives, by telephone, on 12 and 16 May 2017 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication;
- Personal care;
- Meals;
- Sitting service.

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

- Discussion with the manager and responsible individual;
- Examination of records;
- File audits;
- Evaluation and feedback.

During the inspection day the inspector spoke with the manager and responsible individual to discuss their views regarding care and support provided by the agency, staff training and staff's general knowledge in respect of the agency.

The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

The manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Four staff questionnaires were returned to RQIA prior to the issue of this report. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Eight service user records in respect of referral, assessment, care plan and review;
- Initial visit information;
- Service user daily recording logs;
- Service user quality monitoring contacts;
- Six staff recruitment and induction records;
- Agency process for verifying staff NISCC registration;
- Staff training records:
  - Safeguarding
  - Challenging behaviour
  - Restraint

Medication  
 Dementia  
 Communication  
 Care planning  
 Values

- Quality monitoring records;
- Complaints log;
- Five monthly monitoring reports;
- Annual quality report for 2016;
- The agency’s statement of purpose;
- Policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, incident notification and complaints;
- Record of incidents reportable to RQIA in 2015/2016.

**4.0 The inspection**

Rose Lodge Community Care Services is a Domiciliary Care Agency, based at 185 Belsize Road, Lisburn. Under the direction of the manager Mrs Jenna Hill, staff provide a variety of services to people living in their own homes, with their aim to encourage service users independence and choice.

**4.1 Review of requirements and recommendations from the most recent inspection dated 14/07/2016**

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 14/07/2016**

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13 (a) (d)  <b>Stated:</b> First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (a) he is of integrity and good character; (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All recruitment records requested by the inspector were available for inspection and were satisfactory.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 14 (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> All records requested by the inspector were available for inspection and were satisfactory.</p>	<p><b>Met</b></p>	
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 21 (c) Schedule 4</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p>
<p><b>Action taken as confirmed during the inspection:</b> All records requested by the inspector were available for inspection and were satisfactory.</p>		

### 4.3 Is care safe?

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Rose Lodge Community Care. No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns.

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. However a number of people raised concerns regarding the agency making frequent changes to the runs which stopped service users and carers developing a rapport. The inspector discussed this with the manager who described a number of reasons for changes including staff requests to move from double to single runs. The manager stated that the agency will always try to ensure consistency and have taken the views of service users on in relation to this issue.

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

- "No complaints about the care."
- "Everything's going smoothly."
- "The girls let me know if anything is wrong with my XXX."

A number of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards. Six staff files were sampled relating to recruitment of care workers which verified that the pre-employment information and documents had been obtained as required for each of the care workers.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards and was in line with the regulation and standard. Each staff member has in place "My Personal Development Plan" document. The inspector noted some of the areas covered by staff during their induction period:

- Understanding the principles of care;
- The role of keyworker;
- Effective communication;
- Safeguarding;
- Safety at work;
- Personal development;
- Induction practical training.

All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with NISCC in line with NISCC timeframes and guidelines. The agency's manager confirmed the majority of staff are registered with Northern Ireland Social Care Council (NISCC), with the remaining staff moving towards registration. The registered person monthly monitoring reports also made reference to the current status of staff registered and registering.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The responsible individual is named as the Adult Safeguarding Champion with key responsibilities as follows:

- To provide information and support for staff on adult safeguarding within the agency;
- To ensure that the agency's adult safeguarding policy is disseminated;
- To advise within the agency regarding adult safeguarding training needs;
- To provide advice to staff;
- To support staff to ensure that any actions take account of what the adult wishes to achieve;
- To establish contact with the HSC Trust Designated Adult Protection Officer (DAPO), PSNI, RQIA and other agencies as appropriate;
- To ensure accurate and up to date records are maintained;
- To compile and analyse records of reported concerns.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Discussion during inspection with the manager confirmed satisfaction with the quality of training offered.

The manger spoke of additional opportunities available for training in areas where staff felt they required more knowledge and skills.

Records reviewed for staff members evidenced mandatory training, quality monitoring and supervision as compliant with agency policy timeframes. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained. The agency’s registered premises include offices and staff facilities suitable for the operation of the agency as set in the Statement of Purpose.

Four returned questionnaires from staff indicated:

- Staff feel that service users are safe and protected from harm.
- There are risk assessments and Care Plans in place for the people who use the service.

**Questionnaire comments:**

- “The care provided is of a high standard.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.4 Is care effective?**

The UCO was advised by some of the service users and relatives interviewed that there were ongoing concerns regarding the carers’ timekeeping. Two relatives advised that they had spoken with management regarding timekeeping and that it had improved. This was confirmed by the manager and the records in place.

No issues were raised regarding care being rushed or communication between the service users, relatives and staff from Rose Lodge Community Care were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place as well as questionnaires from the agency to obtain their views on the service.

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

- “They change the carers round every few months. I would prefer to keep the same carers as I’m used to them.”
- “XXX is trying to be independent but the carers assist if needed.”
- “Timekeeping is a bit of an issue. It can affect our plans for the day.”

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 relatives’ views had been obtained and where possible, incorporated.

A sample of service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The manager explained that the agency is sometimes invited to attend or contribute in writing to the commissioning trust arranged care review meetings with service users/representatives. The manager confirmed they receive an amendment form from the HSC Trust detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

The manager confirmed that the agency is provided with details of the care planned for each new service user or with changes to existing service users' care plans. The manager demonstrated an awareness of the importance of accurate, timely record keeping and reporting procedure if any changes to service users' needs are identified.

Minutes of staff meetings were examined by the inspector and some of the discussion topics included:

- Changes in induction procedures;
- NISCC;
- Evaluation of care;
- Staff Inc. supervision and appraisals;
- Training;
- Communications;
- Inspection.

Four returned questionnaires from staff indicated:

- There are systems in place to monitor the quality/safety of the service you provide.
- The needs of the people who use the service kept under review.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

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 Rose Lodge Community Care. Examples of some of the comments made by service users or their relatives are listed below:

- “The girls are very courteous. They’re very nice with my XXX.”

- “XXX loves the banter with them and gets to know them well. It would be great if they stopped changing the teams round.”
- “No issues with anyone.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was mostly supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users’ homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with the manager. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

The inspector noted some of the areas observed during spot checks to people’s homes:

- Confidentially;
- Communication;
- Housekeeping;
- Recording of information;
- Moving and handling;
- Handling of monies;
- Medication;
- Clients treated with dignity;
- Risk assessments.

The inspector noted some of the comments made by senior staff during spot checks:

- “Good communication with the service user.”
- “Good knowledge of care needs.”
- “Excellent care and attention to medication.”
- “Good service user knowledge.”
- “The family were very pleased with the service \*\*\*\*\* provided.”

Four returned questionnaires from staff indicated:

- That service users are treated with dignity and respect and involved in decisions affecting their care.
- Were satisfied that the people who use the service have their views listened to.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The UCO was informed that complaints had been made to management regarding missed calls, timekeeping and the attitude of one carer. The complainants were satisfied with the outcome. This was confirmed by the manager and the records in place.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the manager, Jenna Hill, a team of 54 care workers provides domiciliary care and support to 182 people living in their own homes.

Review of the statement of purpose and discussion with the manager evidenced that there was a clear organisational structure within the agency. The manager was able to describe staff roles and responsibilities and was clear regarding reporting responsibilities in line with the agency procedures.

The Statement of Purpose (2016) was reviewed and found to be appropriately detailed regarding the nature and range of services provided. This contained all information in compliance with Regulations and Standards. The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

A range of policies and procedures was reviewed and contents discussed with the registered manager. The arrangements for policies and procedures to be reviewed, every three years, were found to have been implemented consistently. Staff have access to the agency's policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency.

The complaints log was viewed for 1 April 2016 to inspection date 10 April 2017 with a number complaints received during this time; this was verified during discussion with the manager who recognised these complaints and could describe how the agency worked with service users, relatives and the HSC Trust representatives to fully satisfy the complainants.

Discussion with the manager and a review of their policy and procedure on notification of events evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. The incident reports had been received during the past year were reviewed by the inspector and the records in place were satisfactory and in line with reporting procedures.

The inspector reviewed the monthly monitoring reports for January to May 2017 as well as monitoring information completed by the care quality officer. These reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

The inspector noted comments from Service users, Relatives, Staff and the HSC Trust:

**Service users:**

- “I’m very happy with the service provided.”
- “Everything is going well.”
- “Staff do not rush me.”
- “Staff encourage my independence.”
- “Everything is well.”
- “I really appreciate the carers.”
- “Staff are confidential and efficient.”
- “I do not know what i would do without them.”
- “It’s a pleasure to have the girls in my home.”

**Staff:**

- “I have a good rapport with service users.”
- “Clients with concerns expect me to help and support them.”
- “Training helps me with the service to be provided.”
- “I’m happy with the standard of care.”
- “The induction process was good and very beneficial.”

**Relatives:**

- “The family appreciate everything the carers do.”
- “\*\*\*\*\* goes over and beyond at every single call he is excellent.”
- “Timekeeping is excellent.”
- “I’m very happy with the services provided.”
- “\*\*\*\*\* is great I feel very comfortable going about knowing he is looking after my husband.”
- “\*\*\*\*\* is a wonderful caring girl and observant, she always allows my husband to take his time.”

**HSC Trust:**

- “Good prompt reporting of missed calls.”
- “Good standard of care practice.”

The agency had requested the views of service users on the quality of services being provided during 2016 via their annual satisfaction questionnaires. Feedback had been obtained and collated into a quality report for 2016. Service users were asked to comment in the following:

- Patient centred care;
- Client choice and services;
- Staffing;
- Comments, compliments, complaints and further information;
- Management of Rose lodge Community Care services.

The inspector noted some of the positive comments received during the quality survey:

- “Our carer\*\*\*\*\* is always very professional and does a fantastic job.”
- “I could not ask for more.”

- “We have continuity as we mostly have the same girls who are fantastic.”
- “\*\*\*\*\* shows he’s relaxed with staff and they know what they are doing.”
- “Very friendly staff.”
- “The standard and delivery of care is excellent”
- “Good care and great staff.”
- “Completely satisfied.”
- “\*\*\*\*\* is so approachable and friendly and delivers an exceptional level of care.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. A recent review was completed by the agency in (2016). The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector saw evidence that the majority of staff are registered with The Northern Ireland Social Care Council (NISCC). Documentation in place showed that the remaining staff are awaiting their registration certificates.

Four questionnaires returned from staff indicated that:

- Feel the service is managed well.
- Were satisfied that quality monitoring is undertaken regularly for both staff and people who use the service.
- Were satisfied that complaints from the people who use the service are listened to.
- Were satisfied that the current staffing arrangement meets the service user’s needs.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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