



The **Regulation** and
Quality Improvement
Authority

Link Community Care
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Unannounced Care Inspection
of
Link Community Care

18 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 18 January 2016 from 09.30 to 14.45. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

The details of the QIP within this report were discussed with Mrs Beverley Ann Loney, the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Link Community Care Ltd/Mrs Beverley Ann Loney	Registered Manager: Mrs Beverley Ann Loney
Person in charge of the agency at the time of Inspection: Mrs Beverley Ann Loney	Date Manager Registered: 10 March 2014
Number of service users in receipt of a service on the day of Inspection: 94	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015

Prior to the inspection the User Consultation Officer (UCO) spoke with five service users and five relatives in their own home on 14 December 2015 to obtain their views of the service. The service users interviewed live in Lisburn and receive assistance with the following:

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

The UCO also reviewed the agency's documentation relating to five service users. Specific methods/processes used in this inspection include the following:

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

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Three service user records in respect of the trust review process
- Staff meeting agenda and minutes for April and December 2015
- Three staff supervision and appraisal records
- Staff rotas
- Compliments received by the agency.
- Four monthly monitoring reports
- Annual quality report
- Daily log records
- On call rota
- Two communication records with trust professionals

The inspector distributed questionnaires to staff during the inspection and five of these were returned to RQIA by agency staff. On the day of inspection the inspector met with two care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report.

The completed staff questionnaires indicated the following:

- Service users' views are taken into account in the way the service is delivered
- Staff are satisfied that the care is delivered in a person centred manner
- Staff are satisfied that they are familiar with service users' care needs
- Staff are satisfied that the agency's induction process prepared them for their role
- Staff are satisfied that arrangements for service user involvement are effective

However one completed staff questionnaire indicated they were unsatisfied, on occasions with the time allocated to attend to service users' needs and one completed staff questionnaire indicated that on occasion equipment the service users needed to meet their assessed needs was not provided in a timely manner, due to HSC Trust waiting lists. The registered manager was aware of these issues.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 7 April 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 11(1) Regulation 11(3)	The registered person/manager is required to attend training compliant with the RQIA mandatory training guidelines 2012 and any additional training required to ensure the safe and effective running of the agency. (Minimum Standard 8.17) As discussed within theme one, criteria one of this report.	Met
	Action taken as confirmed during the inspection: The inspector viewed the training records and these records confirmed the registered manager had completed mandatory training and the certificates of completion of the training were available and up to date. The records indicated the registered manager and coordinator had also completed training for trainers.	

<p>Requirement 2</p> <p>Ref: Regulation 11(1) Regulation 11(3)</p>	<p>The registered person/manager is required to implement systems/mechanisms to ensure manager skills and competence are appropriate for the safe and effective running of the agency.</p> <p>(Minimum standards 7.13, 8.10, 12.9 and 13.5)</p> <p>As discussed within theme one, criteria two of this report.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector viewed management staff files which indicated management staff have received supervision in accordance with agency policy. The training records indicated all management staff had received mandatory training in accordance with RQIA mandatory training guidelines 2012.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 13(b)</p>	<p>The registered person/manager is required to ensure all management staff attends appropriate training compliant with the RQIA mandatory training guidelines 2012 and any additional training required to ensure the safe and effective running of the agency.</p> <p>(Minimum standard 7.9, 12.4 and 13.1)</p> <p>As discussed within theme one, criteria three of the report.</p> <hr/> <p>Action taken as confirmed during the inspection: The records viewed by the inspector indicated all management staff had completed dementia training and supervision and appraisal training in addition to mandatory training, to ensure they have the skills necessary for the work they perform.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 13(b)</p>	<p>The registered person/manager is required to ensure all management staff receive competency assessment post training and receive supervision and appraisal to assist in the safe and effective running of the agency.</p> <p>(Minimum standards 8.10, 12.9 and 13.5)</p> <p>As discussed within theme one, criteria three and four of this report.</p>	<p>Partially Met</p>

	<p>Action taken as confirmed during the inspection: The inspector viewed appraisal records for the management staff which indicated that the coordinator had not received appraisal in accordance with agency policy. The manager informed the inspector this would be completed at the earliest opportunity. The inspector also viewed four monthly monitoring reports which included information in relation to staff competency assessments following training.</p>	
<p>Requirement 5 Ref: Regulation 13(b)</p>	<p>The registered person/manager is required to ensure any staff competency matters are referenced on the monthly monitoring reports as part of the quality assurance measure within the agency.</p> <p>(Minimum standard 8.11)</p> <p>As discussed within theme one, criteria four of this report.</p> <p>Action taken as confirmed during the inspection: The inspector viewed four monthly monitoring reports and each referenced staff training and competency assessments.</p>	Met
<p>Requirement 6 Ref: Regulation 15(10) 15(11)</p>	<p>The registered person/manager is required to ensure all service users with any form of restraint as part of their care provision is referenced within the service user care plan and risk assessment.</p> <p>(Minimum standard 4.2, bullet point 6)</p> <p>As discussed within theme two, criteria one of this report.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the records of one service user in relation to restraint. These records contained the risk assessment and care plan relating to the form of restraint experienced by the service user.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1 Ref: Standard 5.2 Standard 5.6</p>	<p>The registered person/manager with the support from management staff are recommended to ensure service users' records completed by care staff are compliant with Standard 5.2 and Standard 5.6</p>	Partially Met

	<p>Action taken as confirmed during the inspection: The inspector and User Consultation Officer examined several service user records and a number of these records did not contain the full signatures of staff.</p>	
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5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from HSC Trust commissioners contained information regarding service user and/or representative's views. The referrals detailed a care plan. The agency care plans and risk assessments completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated; these care plans were person centred. The three files reviewed contained a copy of the service user's care plan and risk assessments were accurate, up to date and included basic information regarding the service user's condition. The agency's log sheets in the three files reviewed were being completed appropriately by the carers.

The UCO was advised that service users are advised of the name, or introduced to, new carers by a regular member of staff; this was felt to be important.

The documentation relating to five service users was reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan which were up to date and included basic information regarding the service user's condition. The agency's log sheets reviewed were being completed by the carers; however it was noted that they were not being appropriately signed.

Feedback from the two staff on the inspection day indicated staff felt care delivery was safe. The two staff who participated in the inspection confirmed they had received observation of practice by managers from the agency.

Is Care Effective?

The registered manager advised the inspector that service users are invited to complete an annual questionnaire from the agency to obtain the views of the service from service users or their representatives.

The inspector discussed the agency complaints procedure with the two staff members who participated in the inspection. These individuals demonstrated a clear understanding of the complaints procedure. The inspector was informed by the registered manger that the agency had not received any complaints.

The most recent monthly monitoring reports reviewed evidenced working practises are being systematically reviewed along with detailed information relating to ongoing quality monitoring. However these reports did not contain the views of other professionals involved with the service users, this was discussed with the manager during the inspection. The service user records viewed in the agency office evidenced how feedback received had been followed up.

These records evidenced that the agency carried out care review visits with service users at least annually, or when changes to their needs were identified.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices.

The UCO was informed by all of the people interviewed that they are aware of whom they should contact if any issues arise. One service user advised that a complaint had been made regarding one carer and that they were satisfied with the outcome.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. The inspector was informed the results of this questionnaire was included in the Annual report and shared with service users and the HSC Trust. Management visits are taking place to discuss the care being provided by the agency; however only one service user was able to confirm that observation of staff practice had taken place in their home. The staff who participated in the inspection confirmed that management staff visited service users homes and observed them delivering care and support to service users.

Is Care Compassionate?

The records viewed by the inspector confirmed service users or their representatives are included in decision making regarding their care plan, either at service commencement or in response to changes. The agency manager keeps under review and revises where necessary, service users' assessments and care plans.

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Link Community Care. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "Very, very good"
- "Definitely no issues"
- "No cause to complain"
- "We have a good team of workers"

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included dementia, Parkinson's, and working with service users with limited speech and mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits or surveys for the agency.

Areas for Improvement

The agency staff must include their full signature following recording information in service users' records. The monthly monitoring reports should include the views of the service users and/or their representatives in relation to the quality of the service provided by the agency.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems, policies and processes were in operation within the agency to ensure communication channels with service users and their relatives were maintained. Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails and evidence of these communications was provided during the inspection.

The inspector met with two staff during the inspection and these staff informed the inspector of the actions to be taken by them if a call was missed. The registered manager informed the inspector that service users were also given details of who to contact if they had any missed calls or concerns relating to the quality of the service. The records of the staff meeting held on 16 April 2015 and 16 December 2015 included evidence that missed calls was discussed and actions to be taken by staff to reduce the risk of missing a call was agreed.

The inspector viewed the training records for staff; these records indicated that all of the staff had received training in accordance with the RQIA Guidance on Mandatory Training for Providers of Care in Regulated Services.

Is Care Effective?

Procedures in place for staff quality monitoring and supervision were reviewed during inspection. The inspector viewed the records of three care staff; these staff had not received supervision and appraisal in accordance with agency policy. This was discussed with the registered manager during inspection. The manager acknowledged this was an issue and the agency had recently employed two new coordinators and they plan to ensure all staff receives supervision and appraisal in accordance with agency policy. The registered manager also informed the inspector they plan to use group supervision sessions.

Staff interviewed confirmed that they felt supported by senior staff and they demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home. The registered manager informed the inspector that staff are contacted by phone about changes that occur. The staff who participated during the inspection also confirmed they receive information by phone and with their rotas to update them or draw their attention to specific issues.

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. One relative advised that they had experienced one missed call from the agency. This was discussed with the registered manager

and they confirmed this was addressed with the service user who informed the manager that the call had been cancelled by the service user in error and that the staff had removed the call in response to their request.

Is Care Compassionate?

As previously detailed under theme one of this report, the service users and the relatives spoken with highlighted service quality in general to be good with appropriately trained and skilled staff who delivered compassionate care.

Areas for Improvement

The agency must ensure all staff receives supervision and appraisal in accordance with agency policy.

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Beverley Ann Loney, the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and

approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk (paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5.6</p> <p>Stated: Second time</p> <p>To be Completed by: Immediate from the date of inspection.</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered Manager will ensure care workers full signature is included in the service user's log. This recommendation will be included in the Service User's monitoring visits and direct observation of staff in dual monitoring visits. Staff will be reminded in supervision and meetings to ensure they are signing their full names on all logs, this will include double care workers calls where two care workers will sign individually on the daily evaluation sheets.</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from the date of inspection</p>	<p>The monthly monitoring report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered Manager will include selected contacts from service user's files to evidence views from Service Users, other Professionals and or family members in the Monthly Monitoring Reports.</p>
<p>Recommendation 3</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from the date of inspection</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered Manager and Co-ordinators will ensure Supervision takes place as per Policy and Procedures of the agency.</p>
<p>Recommendation 4</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from the date of inspection.</p>	<p>Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered Manager and Co-ordinators will ensure Appraisal takes place as per Policy and Procedures of the agency.</p>

Registered Manager Completing QIP	BEVERLEY LONEY	Date Completed	09/02/2016
Registered Person Approving QIP	HARRY LONEY	Date Approved	09/02/016
RQIA Inspector Assessing Response	Lorraine O'Donnell	Date Approved	09/02/16

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address