

Unannounced Care Inspection Report 18 January 2018



Peacehaven Care Services Ltd, Domiciliary Care Agency

Type of Service: Domiciliary Care Agency
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Inspector: Aven Donnelly

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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

Peacehaven Care Services Ltd is a domiciliary care agency based in Rathfriland. Under the direction of the registered manager Mary O'Hanlon, a staff team of 35 provides care services to 60 service users in their own homes. These service users are mostly older people but some have physical disabilities, learning disabilities and mental health care needs. The service users live in the County Down area of Northern Ireland. The services provided range from personal care, practical support to sitting services. Their services are commissioned by the Southern Health and Social Care Trust (SHSCT).

3.0 Service details

Organisation/Registered Provider: Peacehaven Care Services Ltd/Mary Helen O'Hanlon	Registered Manager: Mary Helen O'Hanlon
Person in charge at the time of inspection: Mary Helen O'Hanlon	Date manager registered: 22 June 2009

4.0 Inspection summary

An unannounced inspection took place on 18 January 2018 from 11.10 to 17.15 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspections and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction and training. Adult safeguarding had been appropriately managed and ongoing review of service user's care and support was evident. Communication between service users and agency staff was well maintained. There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Incidents were managed well and there were good working relationships between management and staff.

Areas requiring improvement were identified in relation to the recruitment processes, the auditing procedures; and their annual quality review reports.

Service users and relatives spoken with by the User Consultation Officer (UCO), provided feedback regarding the service provided by the agency in regards to safe, effective, compassionate and well led care. Some examples of good practice were highlighted and complimented and have been detailed within the body of this report. The staff members spoken with during inspection provided feedback in terms of their work within the agency.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Mary O'Hanlon, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 30 January 2017

The most recent inspection was an unannounced inspection undertaken on 30 January 2017. No further actions were required to be taken following this inspection.

5.0 How we inspect

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

- previous inspection report undertaken in the previous inspection year
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

During the inspection the inspector spoke with the registered manager and three care staff.

As part of the inspection the User Consultation Officer (UCO) spoke with six relatives, by telephone, on 06 February 2018 to obtain their views of the service. The service users interviewed have received assistance with personal care and meals.

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff feedback was returned.

The following records were examined during the inspection:

- three staff recruitment records
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- records relating to adult safeguarding
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three service user records regarding review, assessment and care planning
- daily logs returned from the service users' homes
- a range of communications to trust professionals/keyworkers regarding changes to service users' needs
- a selection of policies and procedures
- complaints and compliments records
- service user guide/agreements
- statement of purpose
- monthly quality monitoring records

- annual quality review report
- RQIA registration certificate.

The findings of the inspection were provided to Mary O'Hanlon, the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 January 2017

There were no areas for improvement identified during the most recent care inspection undertaken on 30 January 2017.

6.2 Review of areas for improvement from the last care inspection dated 30 January 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 UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by Peacehaven Care Services Ltd. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the relatives; examples given included manual handling and use of equipment. All of the relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by relatives are listed below:

- "They let me know if anything is wrong."
- "Great girls."
- "No issues at all."

Three files were reviewed relating to recently appointed staff, which confirmed the majority of the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. However, discussion with the assistant manager and the review of records confirmed that full employment histories were not consistently obtained in respect of applicants. The deputy manager explained that the agency's policy was to obtain work histories for the five

years previous to employment with the agency. This has been identified as an area for improvement under the domiciliary care agencies minimum standards.

Discussion with staff and the review of the personnel files evidenced that a three day induction programme had been completed with each new staff member. Staff spoken with described the process for introducing new staff to services users and the system of shadowing experienced staff, until the new staff member was comfortable in their role and understood the service users' needs.

There were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff received feedback on their performance through direct observation of their practice, supervisions and completing annual appraisals.

Arrangements were in place to ensure that staff were registered as appropriate with NISCC. The registered manager discussed the system in place to identify when staff were due to renew their registration.

The manager was identified as the safeguarding champion for the agency and training was planned to ensure that they were fully apprised of the responsibilities of the role. There were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice and the agency's local policy on safeguarding had recently been updated to reflect this. A review of records evidenced that any potential or actual safeguarding concerns had been reported appropriately and in accordance with the regional safeguarding protocols and the agencies policies and procedures; however, one safeguarding concern was in the process of being investigated by the SHSCT and had not been concluded on the day of the inspection. This will be followed up at future inspections.

Discussion with staff confirmed that they were knowledgeable about their specific roles and responsibilities in relation to whistleblowing and adult safeguarding. The staff understood what constituted abuse and how they should report any concerns.

Staff training records viewed for 2016/2017 confirmed that all care workers had completed the required mandatory update training programme. Records reviewed and staff feedback indicated that staff had attended a range of training necessary to meet the needs of their service users. There was evidence that staff had attended training additional to that stated in the Minimum Standards including; dementia awareness and challenging behaviour; death, dying and bereavement; and handling service users' monies.

The agency's registered premises included an office which on the day of the inspection was suitable for the operation of the agency as set out in the Statement of Purpose. However, RQIA had been informed that the agency had previously not taken appropriate measures for the safe storage of records, which resulted in the destruction of archived records. This resulted in Performance Notices being issued to the agency by the SHSCT in respect of records management. The inspector was satisfied that on the day of the inspection that there were adequate arrangements in place for the storage of records; however, the agency's compliance with the Performance Notices issued by the SHSCT will continue to be monitored by the SHSCT and will be reviewed by RQIA at future inspections. Further detail is discussed in section 6.7.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction and development. Adult safeguarding had been appropriately managed and ongoing review of service user’s care and support was evident.

Areas for improvement

An area for improvement has been identified under the minimum standards in relation to the recording of full employment histories.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The UCO was informed by the relatives interviewed that there were no concerns regarding the carers’ timekeeping or that care has been rushed. The relatives interviewed also advised that they had only experienced missed calls due to extreme weather conditions and that they had been notified by the agency. Service users are usually introduced to new carers by a regular member of staff.

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

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

- “Really appreciate the help.”
- “No problems at all.”
- “Have got to know them.”

Service user records viewed on the day of inspection included referral information received from the SHSCT. The referrals detailed the services being commissioned and relevant risk assessments. The care plans and risk assessments contained detailed information and evidenced that service users’ and/or relatives’ views had been obtained and where possible, incorporated.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met along with regular contacts by phone or during monitoring visits. The manager indicated that they were not usually invited to attend or contribute in writing to the trust arranged care review meetings with service users/relatives. However, the review of the records evidenced communication from the SHSCT detailing any agreed changes to the original care plan and there was evidence of ongoing communications with trust professionals in relation to changes in the service users’ needs.

Staff spoken with 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. A review of the records confirmed that staff meetings were held on a monthly basis and minutes were available to those who were unable to attend.

The agency's policies and procedures on 'record keeping' and 'confidentiality' were viewed and found to contain clear guidance for staff. However, the inspector reviewed a sample of completed daily log records returned from service users' homes and although these records confirmed that the care delivered was in line with the care plan, there was evidence that the records were not maintained in keeping with good practice. For example, deficits were identified in relation to recording the duration of calls; commencement and end times; tasks carried out and the staff using initials rather than their full signatures. This was discussed with the assistant manager who had the responsibility for checking the returned daily logs. Although there was evidence that the daily logs had been reviewed by management, the records were not formally audited and there were no records available to support that any identified deficits had been addressed with staff. This has been identified as an area for improvement under the minimum standards.

Staff also described the action to be taken in the event of being unable to gain access to a service user's home. They were also able to describe the reporting processes if running late for a service user visit or had missed a call.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of care needs and care planning. Communication between service users and agency staff was well maintained.

Areas for improvement

An area for improvement made under the minimum standards related to the auditing of returned records, to ensure that appropriate action is taken where poor practice is identified.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

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

Views of service users and relatives had been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Peacehaven Care Services Ltd .

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

- “The carers are awfully friendly. XXX enjoys the bit of craic with them.”
- “XXX looks forward to them coming.”
- “They’re all awfully good.”

The agency implements service user quality monitoring practices on an ongoing basis through home visits, monthly monitoring and through their annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts and annual quality surveys evidenced positive feedback from service users and their family members.

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

Compliments records reviewed during the inspection provided examples in support of compassionate care. There was evidence that the relatives had appreciated the care and support provided, especially when service users were receiving end of life care.

During the inspection, the inspector met with three staff members who indicated that they were generally happy with the care and support provided by the agency. Some comments received are detailed below:

“I really enjoy it here.”

“I love seeing the clients happy and leaving them comfortable and peaceful when we are finished.”

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. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

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.

As discussed in section 6.4, the inspector was aware that Performance Notices had been issued to the agency by the SHSCT in relation to the storage and retention of records. Discussion with the registered manager evidenced that the trust had also recently reviewed the management and control of operations within the agency and that they were required to respond to a number of recommendations made therein. This will continue to be monitored by the SHSCT.

The organisational and management structure of the agency were outlined in the Statement of Purpose; it detailed the lines of accountability. Discussion with the registered manager, and care workers interviewed, indicated they understood the organisational structure within the agency and their role and responsibilities. Staff consulted with described the on-call system and stated that the on-call staff would provide cover in the event of a short-notice sick call.

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; they were available in hard copy version and were accessible to staff. With the exception of the recruitment policy, as discussed in section 6.4, all other policies had been reviewed in line with the domiciliary care agency minimum standards.

All of the relatives interviewed confirmed that they were aware of whom they should contact if they had any concerns regarding the service. No complaints had been made regarding the service or management of the agency.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Staff members interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner. Complaints management will be reviewed at future inspections.

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.

There was a system in place for evaluating the quality of the services the agency provided, in accordance with regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. This information was held in a central supervision folder and detailed the numbers of service users, complaints/issues raised, the numbers of files which required amending and staff supervisions. A review of the clients contact forms evidenced that service users' or their representatives' views were sought on a regular basis.

A review of the annual quality review report for 2017 confirmed satisfaction with the service being provided. Although the annual review report was well presented in terms of service user feedback and what the agency had done to address any identified areas for improvement; the review report did not include the views of relevant stakeholders or staff. The annual quality report was lengthy and not summarised sufficiently to make it easily read by service users. There were also no records available to confirm that this had been shared with the service users. This has been identified as an area for improvement under the minimum standards.

The care staff spoken with during inspection indicated that they felt supported by the registered manager and senior team. Staff confirmed they were kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they were kept informed when update training was required. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

The RQIA registration certificate was up to date and displayed appropriately.

Areas of good practice

There were some examples of good practice found throughout the inspection in relation to the management of incidents and maintaining good working relationships with staff.

Areas for improvement

An area for improvement under the minimum standards was identified in relation to the annual quality review report and inclusion of all stakeholder groups.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary O'Hanlon, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 11.6 Stated: First time To be completed by: 15 March 2018	<p>The registered person shall ensure that full employment histories are obtained for all prospective staff.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The full employment history shall be obtained for all prospective staff.</p>
Area for improvement 2 Ref: Standard 8.10 Stated: First time To be completed by: 15 March 2018	<p>The registered person shall review their recording procedure to ensure working practices are systematically audited and action is taken when necessary.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The agency has set up an a system to audit working practices which will record if any action is taken, as a result of any audit.</p>
Area for improvement 3 Ref: Standard 1.9 Stated: First time To be completed by: 15 March 2018	<p>The registered person shall review their annual quality review report to include; the views of staff and commissioners of their service, incorporating comments made or issues raised; and any actions to be taken for improvement. A summary of the key findings shall be provided to service users and their representatives and a copy of the full report to be made available on request. Records to evidence that the summary report has been shared with service users should also be retained.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The agency's quality assurance questionnaire shall seek the views of all stake holders and a summary of the key findings shall be provided to service users and their representatives in further reports and the report shall be made available on request. The agency already keeps a record to evidence that the report has been sent to all service users.</p>

Please ensure this document is completed in full and returned via Web Portal



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