

# Unannounced Care Inspection Report 31 July 2018



## Peacehaven Care Services Ltd, Domiciliary Care Agency

Type of Service: Domiciliary Care Agency  
Address: 34 - 38 Newry Street, Rathfriland, BT34 5PY  
Tel No: 02840638855  
Inspector: Michele Kelly

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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 which provides a range of personal care, social support and sitting services to 58 people living in their own homes. Their services are commissioned by the Southern Health and Social Care Trust.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 31 July 2018 from 10.00 to 14.15 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 inspection 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;

- Maintaining good relationships with stakeholders
- Recruitment and induction procedures

#### Areas for improvement;

- Ensure all records in service users' homes are signed by the person making the entry.
- Ensure all records are available in the agency for inspection at all times.
- Ensure notifiable incidents are reported to RQIA in a timely manner.

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
<b>Total number of areas for improvement</b>	1	2

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

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 18 January 2018**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 January 2018

#### **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
- records of notifiable incidents
- correspondence with RQIA

During the inspection the inspector met with the deputy manager and two care staff. Following the inspection the inspector also spoke on the telephone to two Health and Social Care Trust (HSCT) professionals.

As part of the inspection the inspector spoke with two service users and four relatives by telephone, on 16 August 2018 to obtain their views of the service. The service user and the relatives interviewed informed the inspector that they received assistance with the following:

- management of medication
- personal care
- meals

At the request of the inspector, the 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 responses were received at the time of writing this report.

The inspector requested that the person in charge place a 'Have we missed you'" card in a prominent position in the agency those who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received at the time of writing this report.

The following records were examined during the inspection:

- a range of care and support plans
- Health and Social Care Trust (HSCT) assessments of needs and risk
- care review records
- recording/evaluation of care used by the agency
- monthly monitoring reports
- staff recruitment records
- staff meeting minutes

- staff training matrix
- records relating to staff supervision
- induction records
- staff rota information
- recruitment policy
- whistleblowing policy.
- policies in relation to equality , diversity and non-discriminatory practice

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or carried forward to the next inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 18 January 2018.

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 18 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 11.6 <b>Stated:</b> First time	The registered person shall ensure that full employment histories are obtained for all prospective staff.  <b>Ref: Section 6.4</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> One person has been employed since the last inspection and the inspector viewed evidence that a full employment history had been obtained.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review their recording procedure to ensure working practices are systematically audited and action is taken when necessary.</p> <p><b>Ref: Section 6.5</b></p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The agency has set up a system to audit working practices however the inspector noted that some records returned from service users' homes did not contain full staff signatures and an area for improvement will be stated in respect of this.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 1.9</p> <p><b>Stated:</b> First time</p>	<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><b>Ref: Section 6.7</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The annual report has not been finalised at the time of inspection and this area for improvement will be carried forward to the next inspection.</p>		

## 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.**

A range of policies and procedures were reviewed relating to staff recruitment and induction. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Two records sampled confirmed staff pre-employment details have been completed in line with regulations and standards.

The manager confirmed an induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Review of staff files supported an induction process lasting at least three days and compliant with Regulation 16 (5) (a).

The inspector was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Peacehaven Care Services Ltd. A concern raised by one relative was discussed with the manager who provided an appropriate response following her investigation of these matters. The inspector also communicated with a HSCT professional involved with the service user concerned who confirmed the agency's appropriate response. The inspector advised the complainant how concerns could be raised formally if the matter was not resolved to their satisfaction.

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 that the new carer had knowledge of the required care. Most of the relatives interviewed confirmed 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:

- "Carers are very good."
- "I am very satisfied with the carers that I know."

The agency's policies and procedures in relation to safeguarding adults were reviewed. The agency has implemented the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The deputy manager discussed the referral and ongoing investigation of a potential safeguarding matter. The inspector was advised of the organisation's response to the matter and was satisfied that appropriate action had been taken to protect service users when the matter was identified. Written records of the agency's responses to this incident were not available on the day of inspection as the manager who was not present or contactable during the inspection was working on them. The manager contacted the inspector following the inspection and outlined the actions being taken in respect of the incident. Complaints logs and contract compliance records were also unavailable on the day of inspection and this is an area for improvement.

Staff spoken with during inspection also presented an understanding of their role in safeguarding and whistleblowing.

Records reviewed evidenced staff quality monitoring, supervision and appraisal had been provided in line with their policy and procedures. The inspector noted that regular quality monitoring in service users' homes is also undertaken by the agency. Staff training records viewed for 2017/2018 were not fully updated on the training matrix which the deputy manager explained was due to clerical staffing issues but following the inspection the registered manager confirmed that all care workers had completed the required mandatory update training programme. This will be followed up at future inspections.

Discussions with staff indicated that the agency endeavours to ensure that there are at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users.

Staff described how they support service users to be involved in the development and review of their care plans. Staff stated that they record details of the care provided to service users at each visit. The agency also audits returned daily log records to ensure accuracy and consistency with care plans. However the inspector noted on some daily log records that staff continue to sign with initials only, this is an area for improvement.

The agency's registered premises included an office which was suitable on the day of inspection for the operation of the agency as set in the Statement of Purpose. Review of records management arrangements within the agency evidenced that adequate storage and data protection measures were being maintained.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment and induction.

### **Areas for improvement**

Two areas for improvement have been identified;

- Ensure all records in service users' homes are signed by the person making the entry.
- Ensure all records are available in the agency for inspection at all times.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is outlined in the Statement of Purpose (2018) and Service User Guide (2018).

The inspector reviewed four service users' care and support plans. The inspector was informed that care and support plans are reviewed by the agency at least annually. The manager informed the inspector that multi-disciplinary reviews with the HSC Trust are usually scheduled on a yearly basis or sooner if needed. The inspector examined documentation for both processes and the records were satisfactory.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Review of team meeting records indicated that team meetings took place regularly, the deputy manager and staff who spoke to the inspector verified this. The staff who met with the inspector indicated that the team is supportive to each other and that staff communication is good.

The inspector was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers have been made aware of the care required.

The majority of the service users and relatives advised that home visits have taken place to obtain their views on the service or that they have received a questionnaire from the agency.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users, agency staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

There are processes in place to promote effective engagement with service users they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings, annual survey and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

Compliments from relatives and service users spoken to following the inspection provided the following information in support of compassionate care:

- "I am happy with the service."
- "I am very satisfied."
- "XXXX says that they are lovely girls."

A HSCT professional who communicated with the inspector following the inspection commented;

"Peacehaven are offering a good standard of care, they are very responsive to requests from care management."

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

### **Staff comments included:**

- "I love my work."
- "It is very rewarding work especially if the service user is not well."
- "It is good when services users are pleased to see you back after being off."

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

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector viewed the management arrangements and found there was a clear organisational structure. The registered manager Mary O’Hanlon leads a team of staff including a deputy manager and care workers.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations.

On the date of inspection the RQIA certificate was displayed appropriately and was reflective of the service provided.

The policy and procedures which were reviewed were discussed with the deputy manager. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives. Staff spoken with demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

#### Staff comments included:

- “Management are very approachable.”
- “The deputy manager is a good listener.”

Discussion with the deputy manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that one notifiable event had not been reported appropriately to RQIA within required timeframes, this is an area for improvement.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body. Records of individual staff member’s registration are retained by the agency and monitored by the manager on a monthly basis. Discussions with the deputy manager and records viewed provided assurances that the agency has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The inspector viewed the reports of monthly monitoring visits for April, May and June 2018. These reports contained only quantitative information and were sparse. There was evidence in a central folder that service users or their representatives' views had been sought. The inspector discussed the structure of these reports with the manager following inspection. The manager agreed to consult the guidance template available on the RQIA website and to forward September's monthly monitoring report to RQIA.

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 inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The deputy manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

### Areas for improvement

One area for improvement has been identified and refers to ensuring incidents are reported to RQIA in a timely manner.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (12) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that the Regulation and Improvement Authority be notified of any incident reported to the police, not later than 24 hours after the registered person- (i) has reported the matter to the police; or (ii) is informed that the matter has been reported to the police  Ref: 6.7  <b>Response by registered person detailing the actions taken:</b> The registered manager shall notify the Rqia of any incident reported to the PSNI within 24 hrs. There was confusion in relation to this matter as I thought I had the notification submitted.
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.6  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> We have had discussions with the care staff in relation to record keeping and our records have been amended to allow staff more space to record their full signature.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 10.3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure records required under The HPSS(Quality, Improvement and Regulation) (NI) Order 2003 (Regulations) are available in the agency for inspection at all times  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> As discussed with the inspector, on the day of the inspection I had a complaint/incident file as I was working from home and updating records in relation to an incident that had occurred.

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



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