

Unannounced Care Inspection Report 31 October 2016



Peacehaven Care Services Ltd, Domiciliary Care Agency

Type of service: Domiciliary Care Agency
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Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Peacehaven Care Services Ltd, Domiciliary Care Agency took place on 31 October 2016 from 10.00 to 16.30 hours.

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

Is care safe?

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

Is care effective?

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

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

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

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

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mary O’Hanlon, the registered person/manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person: Peacehaven Care Services Ltd/Mary Helen O’Hanlon	Registered manager: Mary Helen O’Hanlon
Person in charge of the service at the time of inspection: Mary Helen O’Hanlon	Date manager registered: 22 June 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016

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

- Discussion with the registered person/manager
- Consultation with three care workers
- Examination of records
- File audits
- Evaluation and feedback

The registered person/manager was requested, on a number of occasions, to provide RQIA with service user information to facilitated home visit appointments. However, this information was not provided; therefore, the User Consultation Officer (UCO) was unable to obtain service user/relatives views of the service prior to the inspection day. The registered person/manager apologised to the inspector for not providing the requested information to RQIA as requested, and explained this had been due to recent senior staff absences.

Following the inspection the UCO spoke with five service users and eight relatives, either in their own home or by telephone, on 3 and 4 November 2016, 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

The UCO also reviewed the agency's documentation relating to five service users. A summary of the UCO feedback is included within the body of this report.

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

The registered person/manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. No staff questionnaires were returned to RQIA which was disappointing.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff duty rotas for 2 weeks
- Minutes of three staff meetings in August and September 2016
- Service user compliments received during 2016
- Complaint log and records
- Monthly monitoring reports for July to September 2016
- Annual Quality Report 2015/2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 23 February 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.2 Is care safe?

The agency currently provides services to 129 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The inspector viewed a sample of four care workers' files relating to recruitment details which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each of the four staff members. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained. One of the three care staff interviewed, who had commenced employment within the last year, described the recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

The UCO 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 Service. The majority confirmed that new carers are usually introduced to the service user by a regular member of staff or supervisor; 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 service users or relatives; examples of care 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. Examples of some of the comments made by service users or their relatives are listed below:

- "Sometimes I feel that care can be rushed."
- "So far, so good."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The 'Safeguarding Vulnerable Adults from Abuse' policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered person/ manager who provided assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document.

The agency's 'Whistleblowing Policy and Procedure' was found to be satisfactory. Each of the three care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. Staff interviewed by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm.

Staff training in the area of safeguarding adults and whistleblowing takes place two yearly for all staff. Training records viewed for 2015/16 on their computerised system confirmed all care workers had completed the required mandatory update training programme. Details of training

during 2016/17 was reviewed on the agency training plan/scheduling tool and verified in four care worker files during inspection. This scheduling tool clearly highlights when refresher/update training is due for all care workers on each mandatory training subject area, along with other training relevant to service users' care needs, including: dementia awareness and end of life care.

A competency assessment tool is in place post staff training for all areas including the area of safeguarding adults. The records were reviewed in four care worker files which confirmed appropriate post training assessments had been completed.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

The agency's registered premises include an office and staff facilities which are suitable for the operation of the agency as set out in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency.

Service users advised that they are usually introduced to new carers by a regular carer or supervisor and new carers are usually aware of the care required. However, this was not confirmed by all those interviewed, with a number indicating that introductions had not happened, and on occasions new carers were not aware of their care needs. This area was discussed with the registered person/manager post inspection, who described their staff allocation process. The registered person/manager stated she did not feel this was accurate, but agreed to review their staff allocation process and their communication with staff regarding each service users care needs.

No issues regarding communication between the service users, relatives and staff from Peacehaven Care Services were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place to ensure satisfaction with the service. Some of the service users and relatives interviewed by the UCO also confirmed that they had been involved in trust reviews regarding the care package and they have received 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:

- “Consistency could be better.”
- “Appreciate the help from them.”

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 four service user files viewed by the inspector evidenced that the agency carried out monitoring visits with service users regularly to obtain feedback on services provided. 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 registered person/manager indicated that the agency is rarely invited to attend or contribute in writing to the commissioning trust care review meetings with service users/representatives. The registered person/manager confirmed that they continue to liaise with trust keyworkers where changing needs were identified.

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

The agency’s policy and procedure on records and reporting care practices was viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by the registered person/manager with no practice issues identified. However, as part of the home visits the UCO reviewed the agency’s documentation in relation to five service users and a number of issues were noted regarding completion of the log sheets. The inspector discussed the UCO feedback with the registered person/manager post inspection who confirmed all matters would be reviewed following UCO feedback and followed up as necessary.

The registered person/manager confirmed ongoing discussion of records management during staff team meetings and during training updates. Discussions with care workers during the inspection supported ongoing review of this topic. Staff meeting minutes for August and September 2016 reviewed also supported this topic area being discussed.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users’ needs were identified. Staff indicated that they received supervision meetings and an annual appraisal.

The agency had completed an annual quality review report for 2015. The registered person/manager confirmed the annual quality report had been provided to all service users. The content of the annual quality review report was found to contain feedback from service users and representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The majority of the service users and relatives interviewed by the UCO felt that care was compassionate; however some felt that care can be rushed on occasion. Service users, as far as possible, are given their choice in regards to 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 Peacehaven. Examples of some of the comments made by service users or their relatives are listed below:

- “The carers are awfully good.”
- “Have become like part of the family.”
- “My XXX loves to see them coming.”

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed. Staff also described the action to be taken in the event of being unable to gain access to a service user’s home. The registered person/manager confirmed that no service user calls had been missed in the past year.

The inspector confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. From the records reviewed by the inspector and discussion with the registered person/manager, no staff practice issues had been identified during spot checks and monitoring visits. It was good to note positive comments from service users had been recorded on their monitoring records as per examples: ‘I love all the girls’ and ‘All the carers are lovely’.

The agency’s compliments records were viewed; these contained very positive feedback from service users/relatives which had been shared with staff individually and at team meetings. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Thanks to be passed onto all the carers for great care provided’. (Phone call from a relative)
- ‘Thank you, we couldn’t manage without the girls’.(Card from a relative)

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

The registered person/manager, Mary O'Hanlon, is supported in the management of the domiciliary care agency by one acting senior care worker and a secretary. The registered person/manager explained that the current staffing team is not at full capacity due to staff illness. Under the direction of the management team, care workers provide domiciliary care and support to 129 people living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

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

The policy and procedure manual was reviewed and contents discussed with the registered person/manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed were found to have been implemented, with all of the policies sampled having been recently reviewed during 2015.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. One service user advised that they had made a complaint regarding timekeeping and that they were satisfied with the outcome. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints procedure viewed was found to be in line with regulations and standards however was revised on the day of inspection to include the contact details of the Northern Ireland Public Services Ombudsman in light of recent changes to this organisation. The registered person/manager confirmed that revised information would be shared with service users during upcoming review visits.

Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner. Staff interviewed indicated that they felt service users' views were listened to and they were involved in decisions affecting their care.

The complaints log was viewed for the period 1 April 2015 to inspection date 31 October 2016 with a range of complaints recorded. The inspector reviewed a sample of two complaints records which supported appropriate management, review and resolution of each complaint and this was supported by one service user spoken to by the UCO.

Discussion with the registered person/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. One incident report had been received during the past year. Records confirmed that appropriate action had been taken; however, the matter has not yet been concluded.

The inspector reviewed the monthly monitoring reports for July to September 2016. These reports evidenced that the responsible person/manager had been monitoring the quality of

service provided in accordance with minimum standards. The inspector discussed staff recruitment with the registered person/manager who described the ongoing challenges experienced in the independent care sector. The responsible person/manager described the various measures used to attract and retain care workers in an effort to maintain consistent staff allocations to service users' homes.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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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