



The Regulation and
Quality Improvement
Authority

Cookstown Community Services
RQIA ID: 11010
Orritor Road
Cookstown
BT80 8BN

Inspector: Caroline Rix

Inspector (shadowing): Alan Guthrie

User Consultation Officer: Clair McConnell

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**Announced Care Inspection
of
Cookstown Community Services**

9 March 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 9 March 2016 from 09.40 to 15.40 hours. 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	1	1

The details of the QIP within this report were discussed with the Claire O'Hare registered manager and Fiona Gilmore area manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Northern HSC Trust/ Anthony Baxter Stevens	Registered Manager: Claire Appolonia O'Hare
Person in Charge of the Agency at the Time of Inspection: Claire Appolonia O'Hare	Date Manager Registered: 18 August 2009
Number of Service Users in Receipt of a Service on the Day of Inspection: 284	

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report.

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

- Discussion with the registered manager
- Consultation with five staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and four relatives on 4 and 8 March 2016 to obtain their views of the service. The service users interviewed live in Cookstown and surrounding areas and receive assistance with the following:

- Management of medication
- Personal care
- Meals

On the day of inspection the inspector met with five 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 inspector gave the registered manager ten questionnaires to distribute to randomly selected staff members for their completion, asking for their views regarding the service, and return to RQIA. No staff questionnaires were received following the inspection; 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 records in respect of the agency quality monitoring via face to face contact and trust review process
- Four staff quality monitoring records
- Staff duty rotas for February/March 2016
- Staff Handbook
- Service user compliments received from April 2015 to February 2016
- Three complaints records

- Monthly monitoring reports for December 2015 to February 2016
- Annual quality report
- Procedure for management of missed calls
- Managers daily contact log records/on call logs for February 2016
- Missed call record and associated follow up actions
- Incidents reportable to RQIA in 2015/2016.

5. The Inspection

Cookstown Community Services is located on the Orritor Road, Cookstown. This domiciliary care agency is part of the Northern Health and Social Care Trust, and provides services in the Cookstown and Mid Ulster area. The staff team of 138 provides a range of personal care and support services to 284 people living in their own homes. These service users are mostly older people but services are also provided to those with physical disabilities, learning disabilities, mental health care needs and children with disabilities. The Northern HSC Trust commissions the service.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 3 February 2015. 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 15 (6)	The acting manager is required to expand their 'Handling Service users' Monies' procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the "Handling Service Users' Monies" procedure had been expanded to include staff guidance on emergency shopping and had been shared with staff teams.	
Requirement 2 Ref: Regulation 13(3)	The acting manager is required to obtain full information relating to each home care worker i.e. proof of identity, including a recent photograph.	Partially Met
	Action taken as confirmed during the inspection: Records evidenced that proof of identity, including a recent photograph has been obtained for the majority of home care workers. However 20 out the 138 staff did not have this updated information on file. The registered manager confirmed that a process is in place to obtain the required information by the end of April 2016.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 12.3	The acting manager is recommended to ensure all staff are provided with manual handling update training in line with best practice guidance.	Met
	Action taken as confirmed during the inspection: Staff training records evidenced that the majority of staff had been provided with manual handling update training in line with best practice guidance. Ten staff had not completed the training. This was due to long term absence from work. The inspector was informed that these staff is scheduled to complete the required update training by the end of March 2016.	
Recommendation 2 Ref: Standard 8.17	The acting manager is recommended to ensure all management staff complete outstanding update training on mandatory subject areas.	Met
	Action taken as confirmed during the inspection: Records evidenced that all management staff have completed update training on mandatory subject areas.	
Recommendation 3 Ref: Standard 13.5	The acting manager is recommended to ensure all management staff receive an annual appraisal in line with their procedure.	Met
	Action taken as confirmed during the inspection: Records evidenced that all management staff have received an annual appraisal, with the exception of two, who are currently on a phased return to work after long term absences. These two appraisals were confirmed to be scheduled for completion during March 2016.	
Recommendation 4 Ref: Standard 8.10	The acting manager is recommended to ensure that monitoring and audits of agency staff working practice, in relation to financial assistance, are carried out on a regular basis.	Met
	Action taken as confirmed during the inspection: Records evidenced that regular monitoring and audits of home care staff working practice are being carried out. The inspector reviewed one set of care records in relation to financial assistance provided to the one service user in receipt of this service.	

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 the Northern HSC Trust care managers/social workers contained information regarding the service users and their representatives. The referrals detailed the services being commissioned and relevant risk assessments recorded on the Northern Ireland Single Assessment Tool (NISAT) forms. The agency care plans and risk assessments completed during initial visits carried out by agency staff contained evidence that service users and/or representative's views had been obtained and incorporated.

The UCO was advised that 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 the carer's knowledge of the service user's needs.

Is Care Effective?

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise.

The complaints log was reviewed by the inspector, with eight received from April 2015 to March 2016. A sample of three complaints records reviewed evidenced each had been appropriately managed and, where possible, resolved to the service user/relatives satisfaction.

The inspector reviewed a sample of the 109 compliments received during the last year which contained extremely positive feedback regarding the care provided and this had been shared with staff at team meetings and individually.

Questionnaires are sent out by the organisations governance department to a sample of service users or their representatives of the agency to obtain the views of the service received. Records of the 2014/2015 Service Annual Quality Report was viewed which contained feedback from service users and/or their representatives. The sample size of 30 was discussed by the inspector with the registered manager and area manager. It was confirmed that the area manager would review this process with their Governance department with a view to considering increasing this number.

Management visits were taking place on a regular basis to discuss the care being provided and two service users' were able to confirm that observation of staff practice had taken place. Service users' feedback had been recorded during care review meetings in service users' homes, with details of requests being implemented and comments shared with staff.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis. From the records reviewed by the inspector no staff practise issues were identified during spot checks and monitoring visits.

Staff met on the inspection day discussed the variety of communication processes they use; to share ongoing changes to service user's needs with their line managers, and evidence of these processes were reviewed during the inspection day.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from the agency. Service users and carers placed great importance 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. Examples of some of the comments made by service users or their relatives are listed below:

- “Great bunch of girls.”
- “Very happy with the service.”
- “Couldn’t say anything bad about them.”
- “The girls are very, very nice to my XXX. Brilliant wee team.”

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding working with service users with limited 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, by telephone or through questionnaires from the agency.

Five staff members spoken to on the day of inspection emphasised the importance of dignity and respect when working with service users. They provided examples to demonstrate how they promote service user independence and choices. Staff interviewed indicated that they would benefit from additional training in the areas of palliative care, diabetic care and epilepsy management. These areas were discussed with the registered manager and area manager who confirmed that, where identified, additional training is provided to staff to ensure they can meet service users’ specific care needs. It was indicated that due to a limited budget available, additional training, above the mandatory subjects, is not provided to all staff.

Areas for Improvement

No areas for improvement were identified regarding this theme.

Number of Requirements:	0	Number of Recommendations:	0
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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 and processes were reviewed in operation within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and late calls. The agency has a procedure for management of missed calls and the inspector was shown records of eight missed calls since April 2015. These records evidenced appropriate actions had been taken in respect of each missed call and an effective process was in place to reduce the risk of any service user not receiving their planned call.

The registered manager was unable to confirm that the 'Management of Missed Calls' procedure dated January 2016 had been shared with all home care workers and this is recommended to be addressed.

The inspector discussed on call arrangements with the registered manager and area manager who confirmed that the on call arrangements outside of office hours do not cover all designated working times. The inspector was advised that there is limited on-call service between 07.30 and 09.00 hours, 17.00 and 18.00 and after 23.00 hours with the arrangement during these hours handled via a central contact point at Holywell hospital site. The area manager indicated that this on call service provides staff with support and advice but does not have access to the full details relating to service users, staff rotas and contact details of these persons. The inspector was advised that this matter has been discussed within HSC Trust and confirmed this is being reviewed to address the deficit. The inspector found no records of incidents or concerns that had occurred during these particular times, and staff interviewed on the inspection day did not raise any concerns regarding their on- call support mechanisms.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed.

Is Care Effective?

The UCO was informed by 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. The people interviewed also advised that they had not any experienced missed calls from the agency.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting where calls are running late or may be missed. They discussed communicating such matters with service users and with the office management.

Review of the February to March 2016 staff rota for two staff groups, within two of the service areas, reflected a process for allocating the staff numbers to service user calls; however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents a limited overview of the system. Staff interviewed on the day of inspection confirmed that their rota was achievable, allocations had been made with staff input and they did not feel they were rushing service users.

Is Care Compassionate?

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care was being rushed.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes where calls are missed or delayed.

Areas for Improvement

One area for quality improvement was identified in relation to this theme. The registered manager is recommended to ensure all staff is provided with their updated 'Management of Missed Calls' procedure.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with seven reports received during the past year. Review of these medication incident reports evidenced that they had been recorded and reported to RQIA and the Northern Trust within the required timeframes. Records confirmed that appropriate action had been taken and the matters have been concluded.

The inspector, registered manager and area manager discussed the levels of administrative staff support available within this agency office. It was clear to the inspector, when compared with two other trust in house domiciliary care services previously inspected, that the registered manager and home care officers have an increased workload in relation to administrative management. The inspector was advised that this area of admin support is currently being reviewed in an effort to provide more assistance to the registered manager and her team. The recent return to work following long term absences of three senior staff was confirmed as important in ensuring the continued delivery of quality care services.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Claire O'Hare registered manager and Fiona Gilmore area manager, domiciliary care, 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 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. 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 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 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 service.

Quality Improvement Plan

Statutory Requirements

Requirement 1	The registered manager is required to obtain full information relating to each home care worker i.e. proof of identity, including a recent photograph.
Ref: Regulation 13 (3)	
Stated: Second time	Response by Registered Person(s) Detailing the Actions Taken: Registered manager will ensure that information relating to each home care worker, i.e. proof of identity, including a recent photograph will be in each staff file.
To be Completed by: 30 April 2016	

Recommendations

Recommendation 1	The registered manager is recommended to ensure that all staff are provided with their updated 'Management of Missed Calls' procedure.
Ref: Standard 8.3	
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken: Registered manager will ensure that all staff will be provided with the updated "Management of Missed Calls "Procedure . However due to the scheduling of team meeting this will be completed by end of May 2016
To be Completed by: 30 April 2016	

Registered Manager Completing QIP	Claire O'Hare	Date Completed	18.04.16
Registered Person Approving QIP	Una Cuning	Date Approved	29/04/16
RQIA Inspector Assessing Response	Caroline Rix	Date Approved	4/05/2016

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