

Unannounced Domiciliary Care Agency Inspection Report 7 April 2016



Enable Care Services

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Enable Care Services Bessbrook took place on 7 April 2016 from 09.45 to 16.45 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the 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 HSC Trust. No areas for quality improvement relating to safe care were identified during this inspection.

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 have been revised since their previous inspection and implemented in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. However one recommendation for improvement has been made. The inclusion of all stakeholders in the annual quality review of service provision has been identified during inspection and recommended for review within this report.

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 relating to compassionate care were identified during this inspection.

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.

However two requirements and one recommendation for improvement have been made. The requirements relate to the agency's Complaints procedure which should be expanded. The agency's Statement of Purpose and Service Users' Guide are required to be updated to contain their revised complaints procedure, and this revised information shared with all service

users. The registered person is recommended to establish a system to ensure their policies and procedures are subject to a systematic 3 yearly review.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

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

Details of the QIP within this report were discussed with the registered manager Patricia Shortt and responsible person Paul O'Keefe as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation / registered person: Enable Care Services Paul Francis O'Keefe	Registered manager: Patricia Shortt
Person in charge of the agency at the time of inspection: Patricia Shortt	Date manager registered: 5 November 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- 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 UCO spoke with two service users and six relatives, either in their own home or by telephone, on 1 and 4 April 2016 to obtain their views of the service. The service users interviewed reported that they received assistance with the following:

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

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

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Seven completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Two service user monthly recording booklets
- Four service user records in respect of the agency quality monitoring contacts
- Four staff quality monitoring records
- Staff training schedule
- Two staff recruitment and induction records
- Staff duty rotas for March/April 2016
- Four trust contract compliance records;
- Monthly monitoring reports for January to March 2016
- Annual quality report 2015
- The agency's Statement of Purpose
- Policies and procedures relating to; staff recruitment, supervision, induction, safeguarding whistleblowing, recording, confidentiality, incident notification and complaints
- Managers daily contact log records for March 2016
- Records of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 November 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 26 November 2015

Last care inspection requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 23 (2) and (3)</p> <p>Stated: First time</p>	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1) (23) (1). (a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—(i) what services to offer to them, and (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. (3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the requested reports had been submitted to RQIA monthly from November 2015 until advised by the inspector in February 2016 that they were no longer to be provided to RQIA. The quality and content of these monthly reports were found to be appropriate and to the required standard.</p>	

Last care inspection recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8.11 Stated: First time	The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.	Met
	Action taken as confirmed during the inspection: Monthly monitoring reports for January to March 2016 reviewed evidenced that the responsible person had independently sought the views of service users/representatives, staff and others on the quality of service being provided. The details within these reports were found to be appropriate and to the required standard.	

4.3 Is care safe?

A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

Two files were sampled relating to recently appointed care staff which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained. One of the five care staff interviewed, who had commenced employment within the last six months, described her recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

The UCO was advised by all of the service users/relatives interviewed that there were no concerns regarding the safety of care being provided by Enable Care. New carers had been 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 to maintaining the consistency of care to be delivered to the service user.

No issues regarding the carers' training were raised with the UCO; examples of care delivered discussed by service users/relatives included manual handling, use of equipment or management of medication. All of the service users/relatives interviewed confirmed that if they had a concern they could approach carers and/or office staff. Examples of some of the comments made by service users/relatives are listed below:

- “If there are any concerns with my XX, the agency contacts me”.
- “My XXX has a habit of leaving the house; the carer is very safety conscious”.
- “Quality of life for my XXX has improved greatly now that the medication is being managed properly”.

The agency’s policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their ‘Safeguarding and Protecting Service Users’ 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 manager who agreed to revise their procedure in line with the DHSSPSNI guidance document. The inspector was satisfied that the registered manager would update their vulnerable adult policy and procedure as agreed.

The agency’s whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed which contained each of the required mandatory training subject areas along with other training relevant to service users’ care needs.

Each of the five 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 questionnaires received by the inspector confirmed that staff had received safeguarding update training during the previous year.

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 currently provides services to sixty one people living in their own homes. A sample of two service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency is not invited to contribute either in writing or to attend the commissioning trust arranged care review meetings with service users/representatives. The registered manager stated they are only made aware of these meetings if they receive an amendment form from the trust detailing a change to the original care plan. The registered manager informed the inspector that they would continue to liaise with the trust as required. The inspector was given assurances that all information relevant to service users was up to date and available as required.

Areas for Improvement

No areas for improvement were identified during the inspection.

The inspector was content that the registered manager would update its vulnerable adult policy and procedure in accordance to the July 2015 guidance.

4.4 Is care effective?

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

Service users also reported that they were normally introduced to, or advised of the name of, new carers by a regular carer or supervisor. It was also confirmed that new carers had been made aware of the service users care needs.

Service users/relatives reported no concerns regarding the communication between themselves and the agency carers and office staff. They confirmed that management from the agency carry out regular home visits and phone calls. All of the service users/ relatives interviewed by the UCO confirmed that they are involved in trust reviews regarding their care package and they also received satisfaction questionnaires from Enable Care asking for their views on the service.

Examples of some of the comments made by service users or their relatives are listed below:

- "Care is not being rushed; they stay as long as necessary".
- "Brilliant communication".
- "The agency wanted to change call times; they contacted me to see if it would suit".

The agency policy and procedure on 'Recording and Reporting Care Practices' had been revised in November 2015. The agency had introduced new monthly recording booklets into each service user's home on which care workers recorded their visit details. The inspector reviewed two completed booklets returned from service users' homes, which confirmed an audit of records had been carried out by senior staff, and cross referenced with their staff duty rotas and invoicing process.

A review of the staffing rota for weeks commencing 28 March and 4 April 2016 evidenced that the service user visits by care workers were planned. Service users and relatives spoken to by the UCO and staff spoken with during the inspection suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

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 questionnaires received by RQIA indicated that they received frequent monitoring/spot checks by their manager, along with quarterly supervision sessions and an annual appraisal.

The registered manager discussed records management during staff supervision meetings and during training updates, review of two recent staff supervision records evidenced this topic.

Service user records viewed 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 representatives' views had been obtained and where possible, incorporated.

Service user records evidenced that the agency carries out care reviews with service users three monthly and telephone contacts monthly along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

The agency had completed an annual quality review report for 2015, with a summary report of findings and improvements planned. The registered manager confirmed the summary report had been provided to all service users during February 2016. The content of the annual quality review report was discussed with the registered manager and responsible person. The inspector recommended that the agency's annual quality report be expanded to include feedback from staff and commissioners of their service.

Staff 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. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Area for Improvement

The registered person is recommended to expand their annual quality of service evaluation process to include staff and commissioners views.

4.5 Is care compassionate?

All of the service users/relatives interviewed by the UCO felt that care was compassionate, that carers treat them with dignity and respect, and care is not being rushed. Service users/relatives reported that as far as possible, they were given choice in regards to meals and personal care. During the home visits the UCO observed interactions between three carers and two service users; these were felt to be appropriate and friendly in nature.

Views of service users and relatives are sought through home visits, phone calls and questionnaires on a regular basis to ensure satisfaction with the care being provided by Enable Care. Examples of some of the comments made by service users or their relatives are listed below:

- "I have one carer which is great. She is very kind".
- "My XXX knows the two carers well and is very happy with them".
- "The carer is flexible about times so we can work around the needs of the family".

Records viewed in the agency office 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 no staff practice issues were identified during spot checks and monitoring visits. It was good to note positive comments from service users had been recorded on their monitoring records.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care.

Areas for Improvement

No areas for improvement in relation to compassionate care were identified during the inspection.

4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose and Service Users Guide were reviewed. The contents of both documents are required to be updated to contain the agency's revised complaints procedure.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures. A number of the indexed policies viewed held more than one version and each contained slightly different information. The arrangements for policies and procedures to be reviewed, at least every three years, was not found to have been implemented as a number of policies sampled were last reviewed during 2012. The registered manager is recommended to ensure this area is addressed.

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

The complaints log was viewed for 2015 and 2016 to date, with no complaints recorded.

The agency's complaints procedure viewed was found to be out of date and required expansion to include details of independent advocacy services along with updated information in relation to the role of the Northern Ireland Commissioner for Complaints. A recommendation has been made in this regard.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken with staff on receipt of incident reports.

Records relating to the commissioning trust's contract compliance matters were reviewed and discussed with the registered manager and responsible person. These areas related to invoicing, recording systems and quality monitoring practice. The inspector reviewed the trust action plan as agreed with the agency and it was good to note progress had been made to address the identified areas of concern.

The inspector reviewed the monthly monitoring reports for January to March 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

The registered manager confirmed she is currently undertaking additional training, commenced QCF Level 5 in Health and Social Care course in February 2016, with anticipated completion in 14 months. This is to be commended, and the value of additional training was discussed during inspection in terms of improving her knowledge and skills along with keeping abreast of new areas of development.

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

Areas for Improvement

The agency's complaints procedure must be expanded to include details of independent advocacy services along with updated information in relation to the role of the Northern Ireland Commissioner for Complaints.

The Statement of Purpose and Service Users' Guide are required to be updated to contain their revised complaints procedure, and revised information shared with all service users.

The registered person should establish a system to ensure that policies and procedures are subject to a systematic 3 yearly review.

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Patricia Shortt registered manager and Paul O'Keefe responsible person as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 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.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 7(a) Stated: First time To be Completed by: 07 June 2016	The registered person must expand their Statement of Purpose and Service Users' Guide to contain their revised complaints procedure, and provide all service users with the revised information. Response by Registered Manager Detailing the Actions Taken: nethis is nearly completed will be by 7 th june
Requirement 2 Ref: Regulation 22 (1) (3) Stated: First time To be Completed by: 07 July 2016	The registered person must update their complaints procedure to include details of independent advocacy services along with updated information in relation to the role of the Northern Ireland Commissioner for Complaints and provide an updated copy to all service users. Response by Registered Manager Detailing the Actions Taken: this will be placed in service users files by 7 th june 2016
Recommendations	
Recommendation 1 Ref: Standard 9.5 Stated: First time To be Completed by: 07July 2016	The registered person should establish a system to ensure that policies and procedures are subject to a systematic three yearly review. Response by Registered Manager Detailing the Actions Taken: currently updating all policies and proceedures with the review date clearly marked and a reminder put in front of policy book when they are to be reviewed and updated
Recommendation 2 Ref: Standard 8.12 Stated: First time To be Completed by: 07July 2016	The registered person is recommended to expand their annual quality review process to include staff and service commissioners' views. Response by Registered Manager Detailing the Actions Taken: new questionnaires are already printed for both staff and social workers for their views in process of gathering information

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