

Unannounced Care Inspection Report 22 May 2017



Rodgers Community Care

Type of service: Domiciliary Care Agency/Conventional
Address: 404 Enterprise Crescent, Ballinderry Road, Lisburn, BT28 2BP
Tel no: 028 9267 8800
Inspector: Jim McBride
User consultation officer: Clair Mc Connell (UCO)

1.0 Summary

An unannounced inspection of Rodgers Community Care took place on 22 May 2017 from 09.00 to 12.45.

The inspection sought to assess progress with any issues raised 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.

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. Ongoing staff training is supported through regular training sessions. Ongoing staff quality monitoring was also evident. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. Staffing levels reviewed and discussed during inspection supported appropriate staff in various roles to meet the needs of their service users. The inspection outcomes demonstrated compliance with regulations and standards.

One area for quality improvement was identified. The registered person shall review their safeguarding policy and procedure to detail the role and responsibilities of the safeguarding champion.

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 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. The inspection outcomes demonstrated compliance with regulations and standards.

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. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. A range of compliments and UCO feedback supported the inspector assessment of compassionate care being delivered. The inspection outcomes demonstrated compliance with regulations and standards.

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 evidence of policies and procedures alongside the agency statement of purpose and service user guide. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. Processes were evident in support of quality monitoring and review of potential incidents and/or complaints. The manager presented appropriate knowledge in managing the service and provided all requested information for inspection review. The manager of the agency had a clear understanding of staff roles and responsibilities within the management structure. The inspection outcomes demonstrated compliance with regulations and standards.

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	1	0

This inspection resulted in one requirement being made. Findings of the inspection were discussed with Janene Swain, registered 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: Rodgers Community Care Michael Rodgers	Registered manager: Janene Isobel Swain
Person in charge of the service at the time of inspection: Janene Isobel Swain	Date manager registered: 11 February 2009

3.0 Methods/processes

Prior to the inspection the User Consultation Officer (UCO) spoke with eight relatives, by telephone, on 17 May 2017 to obtain their views of the service. The service users have received assistance with the following:

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

Prior to inspection the inspector analysed the following records:

- Previous inspection report;
- Record of notifiable events for 2015/2016;
- Records of communication received by RQIA

Prior to the inspection the UCO spoke with two service users and nine relatives, by telephone, on 12 and 16 May 2017 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;
- Sitting service.

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

- Discussion with the manager and responsible individual;
- Examination of records;
- File audits;
- Evaluation and feedback.

During the inspection day the inspector spoke with the registered manager to discuss her views regarding care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

The registered manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Three staff questionnaires were returned to RQIA prior to the issue of this report. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Six service user records in respect of referral, assessment, care plan and review;
- Service user daily recording logs;
- Service user quality monitoring contacts;
- Six staff recruitment and induction records;
- Agency process for verifying staff NISCC registration;
- Staff training records:
 - Safeguarding;*
 - Handling client's monies;*
 - Medication;*
 - Fire safety;*
 - Induction to care;*
 - Moving and handling;*
 - Stroke awareness;*
 - Infection control.*
- Quality monitoring records;
- Complaints log;
- Monthly monitoring reports from December 2016 to May 2017;
- Annual quality report for 2016;
- The agency's statement of purpose; (2017)
- Policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, incident notification and complaints;
- Record of incidents reportable to RQIA in 2015/2016.

4.0 The inspection

Rodgers Community Care domiciliary care agency provides services to approximately 200 service users, supported by a team of 95 staff. All service user groups are in receipt of services including children or persons less than 18 years of age. Children's services include personal care to children with a disability, some supervised calls and social activities to children and young people who are within the autistic spectrum. Areas covered include the city of Lisburn, and Co. Down. Services are provided to those with elder care needs, physical disability and learning disability in their own homes. These geographical areas cover both the South Eastern Health and Social Care Trust and a small number within the Belfast Health and Social Care Trust. All services are commissioned by HSC Trusts with some privately commissioned services.

4.1 Review of requirements and recommendations from the most recent inspection dated 18/07/2016

The most recent 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 18/07/16

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

4.3 Is care safe?

The UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by Rodgers Community Care. 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.

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

- "More than happy."
- "Very satisfied."
- "My XXX has never raised any concerns with me."

A number of policies and procedures were reviewed during the inspection relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards. Six staff files were sampled relating to recruitment of care workers which verified that the pre-employment information and documents had been obtained as required for each of the care workers.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards and was in line with the regulation and standards.

All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with The Northern Ireland Social Care Council (NISCC) in line with NISCC timeframes and guidelines. The agency's manager confirmed the majority of staff are registered with (NISCC), with the remaining staff moving towards registration.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance in accordance with the required standards. The policy has been partially updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in (Partnership)'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Discussion during inspection with the manager confirmed satisfaction with the quality of training offered.

Records reviewed for staff members evidenced mandatory training, quality monitoring and supervision as being compliant with agency policy timeframes. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained. The agency's registered premises include offices and staff facilities suitable for the operation of the agency as set in the Statement of Purpose (2017).

Three returned questionnaires from staff indicated:

- Staff feel that service users are safe and protected from harm.
- There are risk assessments and Care Plans in place for the people who use the service.

Areas for improvement

One area for quality improvement was identified. The registered person shall review their safeguarding policy and procedure to detail the role and responsibilities of the safeguarding champion.

No areas for improvement were identified during the inspection.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

The UCO was informed by the majority of the relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Rodgers Community Care were raised with the UCO. The majority of the relatives interviewed were able to advise that home visits or phone calls have taken place to ensure satisfaction with the service. One relative confirmed that they had received a questionnaire from Rodgers Community Care to obtain their views on the agency.

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

- "Some are better than others."
- "Doing a good job."
- "It gives me peace of mind."

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 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 manager explained that the agency is sometimes invited to attend the commissioning trust arranged care review meetings with service users/representatives. The registered manager confirmed they receive an amendment form from the HSC Trust detailing any agreed change to the original care plan.

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 manager confirmed that the agency is provided with details of the care planned for each new service user or with changes to existing service users' care plans.

The manager demonstrated an awareness of the importance of accurate, timely record keeping and reporting procedure if any changes to service users' needs are identified.

Three returned questionnaires from staff indicated:

- There are systems in place to monitor the quality/safety of the service you provide.
- The needs of the people who use the service kept under review.

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 care compassionate?

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

Views of service users and relatives have been sought through home visits, phone calls or questionnaires to ensure satisfaction with the care that has been provided by Rodgers Community Care. Examples of some of the comments made by the relatives interviewed are listed below:

- "Very friendly bunch."
- "XXX is very fond of them all."
- "They allow my XXX to be as independent as possible."

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users' needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users' homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with the manager. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. The inspector noted some of the areas observed during spot checks to people's homes:

- Times for call;
- Record keeping;
- Professional contact with client;
- Performance;
- Communications;
- Confidentiality;
- Medication;
- Manual handling;

- Safeguarding.

The inspector noted some of the comments made during spot checks:

- “Client was very happy with the service.”
- “***** was very professional with the client.”
- “***** was compassionate and understanding.”
- “I’m very happy with ***** quality of work.”
- “The staff member was friendly and chatty.”

Three returned questionnaires from staff indicated:

- That service users are treated with dignity and respect and involved in decisions affecting their care.
- Were satisfied that the people who use the service have their views listened to.

Areas for improvement

No areas for improvement were identified during the inspection.

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

All of the 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 UCO was informed that complaints had been made to management regarding missed calls and timekeeping. The complainants were satisfied with the outcome. This was confirmed by the manager and the records in place.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Janene Swain, a team of 95 care workers provides domiciliary care and support to 200 people living in their own homes.

Review of the statement of purpose and discussion with the manager evidenced that there was a clear organisational structure within the agency. The manager was able to describe staff roles and responsibilities and was clear regarding reporting responsibilities in line with the agency procedures.

The Statement of Purpose (2017) was reviewed and found to be appropriately detailed regarding the nature and range of services provided. This contained all information in compliance with Regulations and Standards. The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

A range of policies and procedures was reviewed and contents discussed with the registered manager. The arrangements for policies and procedures to be reviewed, every three years, were found to have been implemented consistently.

Staff have access to the agency's policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency.

The complaints log was viewed for 1 April 2016 to 31 March 2017 with a number complaints received during this time; this was verified during discussion with the manager who recognised these complaints and could describe how the agency worked with service users, relatives and the HSC Trust representatives to fully satisfy the complainants.

Discussion with the 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. The incident reports had been received during the past year were reviewed by the inspector and the records in place were satisfactory and in line with reporting procedures.

The inspector reviewed the monthly monitoring reports from December 2016 to May 2017. These reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

The inspector noted comments from Service users, Relatives, Staff and the HSC Trust:

Service users:

- "I'm very happy with the care."
- "The girls are lovely and they could not do anymore for me."
- "I'm very happy and know who to contact if I have any problems and they will be sorted out."
- "Staff are always on time."
- "I'm satisfied with the service."

Staff:

- "The quality of the care is good."
- "We have a good supportive team."
- "I'm well trained and well supported."
- "The staff provide a high quality of care."
- "Ongoing staff support is good."
- "We have good management support in place."

Relatives:

- "The girls always go the extra mile."
- "The care received is great."
- "There is good social interactions with my ****."
- "Staff give me good piece off mind."
- "Staff always adapt to my **** condition and they have a good relationship with***."

HSC Trust:

- "Very professional to my caseload of clients."
- "Very reliable company."
- "The standard of care is excellent."
- "My concerns or issues are dealt with promptly."

- “Staff are well trained and will always go the extra mile.”

The agency had requested the views of service users on the quality of services being provided during 2016 via their annual satisfaction survey. Feedback had been obtained and collated into a quality report for 2017.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary. A recent review was completed by the agency in (2017). The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector saw evidence that the majority of staff are registered with The Northern Ireland Social Care Council (NISCC). Documentation in place showed that the remaining staff are awaiting their registration certificates.

Three questionnaires returned from staff indicated that:

- Feel the service is managed well.
- Were satisfied that quality monitoring is undertaken regularly for both staff and people who use the service.
- Were satisfied that complaints from the people who use the service are listened to.
- Were satisfied that the current staffing arrangement meets the service user’s need.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janene Swain, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 15.(9)</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2017.</p>	<p>The registered provider must review their ‘Safeguarding’ policy and procedure to detail the role and responsibilities of the safeguarding champion.</p>
	<p>Response by registered provider detailing the actions taken: The Registered Provider has revised Rodgers Community Care's Adult Safeguarding Policy and Procedures, June 2017, to include the Nominated Champion, their roles and responsibilities, in accordance with the Dept of Justice Adult Safeguarding document.</p>



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