

Unannounced Care Inspection Report 18 July 2016



Rodgers Community Care

Type of service: Domiciliary Care Agency

Address: 404 Enterprise Crescent, Ballinderry Road, Lisburn BT28 2BP

Tel No: 02892678800

Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Rodgers Community Care took place on 18 July 2016 from 09.30 to 13.30.

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 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 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 effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans including continuous review of services in conjunction with 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. 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. The inspector shared with the registered manager some comments received from staff in relation timings of calls, service users' views, and complaints. The manager has provided RQIA with a satisfactory plan of action to discuss these areas with all staff. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, 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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Michael Dean Rodgers, registered provider, 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.

2.0 Service details

Registered organization/registered provider: Rodgers Community Care/Michael Dean Rodgers	Registered manager: Isobel Swain
Person in charge of the agency at the time of inspection: Michael Dean Rodgers	Date manager registered: 11 February 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous returned quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report
- Record of complaints for 1 April 2015 to 31 March 2016
- Communications with the agency since the previous inspection of the 15 November 2015.

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

Discussion with the registered provider and two community care co-ordinators
 Examination of records
 File audits
 Evaluation and feedback.

Prior to the inspection the UCO spoke with seven relatives on 14 and 15 July 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
- Sitting service.

At the request of the inspector the registered provider was asked to distribute 10 questionnaires to staff for return to RQIA; eight questionnaires were returned.

The following records were examined during the inspection:

- Six service user records in respect of referral, assessment, care plan and review
- Six service user records in respect of the agency quality monitoring contacts
- Six staff quality monitoring records
- Staff training schedule including:
 - Vulnerable adults
 - Children's safeguarding
 - Moving and handling
 - Medication
 - Personal care
 - Handling clients' money
- Staff duty rotas for week ending 3 July 16,10 July 2016,17 July 2016 and 24 July 2016
- Quality monitoring records March 2016, April 2016, May 2016 and June 2016
- Annual quality report 2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding whistleblowing, recording, confidentiality, incident notification and complaints
- Records of incidents reportable to RQIA during 2015/2016
- Complaints records.

4.0 The inspection

Rodgers Community Care domiciliary care agency provides services to approximately 219 service users, supported by a team of 101 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 last care inspection dated 15 November 2015.

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 23(2)(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), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> (i) what services to offer them, and (ii) the manner in which such services are to be provided; and <p>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</p> <p>(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 noted the reports completed since the previous inspection. The records in place were up to date and meet the requirement.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 16(2)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that each employee of the agency receives training and appraisal which are appropriate to the work he is to perform.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This requirement has been reviewed and the registered persons, in conjunction with appropriate HSC professionals, have planned and are in the process of implementing updates for employees in relation to mandatory training, delegation of specific specialised training and associated competencies. The inspector noted all training completed since the previous inspection. The records in place were satisfactory.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 22(8)</p> <p>Stated: First time</p>	<p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21 (1) shall apply to that record.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The Registered Person has reviewed the management of complaints within the organisation and has updated relevant protocols and documents to ensure compliance with this requirement. The inspector discussed the review with the registered person. Information received through these are subsequently collated and included in the Monthly Quality Monitoring Reports. The inspector noted the record of complaints from 1 April 2015 to 31 March 2016.</p>		

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.10 Stated: First time	The registered manager shall ensure that working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action taken when necessary. The recommendation refers to monitoring and maintaining a record of missed or late calls.	Met
	Action taken as confirmed during the inspection: The Registered Person has implemented a system to manage and monitor late and missed visits to clients. The inspector saw evidence of this. This includes an electronic and paper filing system. This protocol has been communicated to all relevant employees and is audited on a monthly basis by a Company Director. The inspector noted the record in place of all missed calls.	

4.2 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.

Staff files 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 care worker and supervision records maintained.

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. There were mixed results in regards to new carers being 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; one relative advised that an issue in relation to medication had been raised with management and was addressed to their satisfaction. 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 relatives are listed below:

- "Very comfortable with them."
- "No concerns whatsoever."
- "Couldn't fault them."

The agency's policies and procedures in relation to safeguarding vulnerable adults/children and whistleblowing were reviewed. Their 'Safeguarding and Protecting Service Users' policy and procedure provided information and guidance as required and did 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'.

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

Staff training records viewed for 2015/16 confirmed all care workers had completed the required mandatory update training programme. The training plan contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

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.

Samples 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 inspector was given assurances that all information relevant to service users was up to date and available from the HSC Trust as required.

Staff comments made during the inspection:

- "The induction is excellent and prepares staff for their role."
- "The clients' care needs are all met with competent staff."

Eight returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

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 relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. The relatives interviewed also advised that they had not experienced any missed calls from the agency; however, there were mixed results in regards to service users being introduced to new carers by a regular member of staff. This was discussed with the registered person who stated that at all times staff are introduced and that they will ensure this is now recorded by staff.

No issues regarding communication were raised with the UCO.

The relatives advised that home visits or phone calls have taken place to ensure satisfaction with the service; however only one relative was able to confirm that they had received a questionnaire from the agency to obtain their views. All of the relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package. Examples of some of the comments made by relatives are listed below:

- “I would recommend them.”
- “Issues have been raised with the manager, and so far have been better.”

A review of the staffing rotas 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.

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 and telephone contacts, 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 2015/16 with a summary report of findings and improvements planned.

Staff comments made during the inspection:

- “Supervision is one to one and is effective in team building and team cohesion.”
- “Training is excellent and is all related to care and support of clients.”

Eight returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them.
- There are systems in place to monitor the quality/safety of the service you provide.

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?

All of the relatives interviewed by the UCO felt that care was compassionate. The relatives advised that carers treat service users 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 relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Rodgers Community Care. Examples of some of the comments made by relatives are listed below:

- “We have got to know them very well.”
- “Our carers go above and beyond.”
- “Would prefer better consistency.”
- “My XXX is anxious about new carers.”

The inspector noted the agency’s annual quality review of the service and the positive comments made by service users in relation to the quality of care provided. It was good to note that this report was shared with all service users.

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.

The inspector noted the areas monitored during spot checks include:

- Is the client happy with the current service?
- Are the carers prompt and do they stay the designated time?
- Are the tasks completed without rushing the client?
- Is the client offered choice?
- Are care workers’ practices satisfactory?
- Do care workers treat clients with respect?
- Is the client aware of the complaints procedures?

The inspector noted some of the comments made by service users during monitoring checks:

- “I’m very happy with the care given by ****.”
- “Level of care is good.”
- “High view of care staff.”
- “Very polite to clients.”

Staff comments made during the inspection:

- “The needs of all clients are supported; staff listen to and support all clients.”
- “We are all supportive of clients.”

Eight returned questionnaires from staff indicated:

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

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?

All of the relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Two relatives had made complaints to management and were satisfied with the outcome. No concerns regarding the management of the agency or communication were raised during the interviews.

The RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose and Service Users' Guide were satisfactory.

Discussion with the registered provider evidenced that there was a clear organisational structure within the agency.

A number of policies were reviewed and contents discussed with the care coordinator and the registered provider. The arrangement for policies and procedures to be reviewed, at least every three years, was found to have been implemented.

The complaints log was viewed for 2015/2016 to date; thirteen complaints were recorded with satisfactory outcomes.

Discussion with the staff 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.

The inspector reviewed the monitoring arrangements for January to June 2016. These records evidenced that the responsible person had been monitoring the quality of service.

Staff comments made during the inspection:

- "The manager has an open door policy and is very supportive of all staff."
- "We all work well together as a team and support the managers."

Eight returned questionnaires from staff indicated:

- The service is managed well.
- Were satisfied that quality monitoring is undertaken regularly for both staff/volunteers and people who use the service.

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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