



The Regulation and
Quality Improvement
Authority

Rodgers Community Care
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BT28 2BP

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**Unannounced Care Inspection
of
Rodgers Community Care**

17 November 2015

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 17 November 2015 from 10.00 to 17.30 hours. Overall on the day of the inspection it was found that improvements were necessary in order for care to be considered safe, effective and compassionate. 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

As a result of the findings of this inspection and in accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to advise of RQIA's intention to issue Failure to Comply Notices in respect of Regulation 23(1) (5) and Regulation 16(2).

During a meeting at RQIA offices on 3 December 2015, the registered person presented an action plan and described actions taken to secure compliance with the relevant regulations. On this basis, RQIA did not issue failure to comply notices in respect of Regulation 23 (1) (5) and Regulation 16(2). RQIA have advised the registered person of their responsibility to submit to RQIA on a monthly basis, reports of quality monitoring undertaken in accordance with Regulation 23(2).

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	1

The details of the QIP within this report were discussed with Michael Rodgers, registered person and Janene Swain registered manager as part of the inspection process and also at the meeting at RQIA offices on 03 December 2015. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Rodgers Community Care Ltd/Mr Michael Dean Rodgers	Registered Manager: Mrs Isobel Maria Janene Swain
Person in charge of the agency at the time of Inspection: Mrs Isobel Maria Janene Swain	Date Manager Registered: 11 February 2009
Number of service users in receipt of a service on the day of Inspection: 221	

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 2014/2015
- User Consultation Officer (UCO) report.

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

- Discussion with the registered person and registered manager.
- Consultation with four staff
- Three staff questionnaires returned
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Four staff training records
- Four staff quality monitoring, supervision and appraisal records
- Four staff recruitment records
- Three complaints records
- Three service user quality monitoring records.

Prior to the inspection the User Consultation Officer (UCO) spoke with five service users and nine relatives, either in their own home or by telephone, on 11 November 2015 to obtain their views of the service. The service users interviewed live in Lisburn and surrounding areas, and receive assistance with the following:

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

The UCO also reviewed the agency's documentation relating to one service user.

During the inspection the inspector met with four care staff and their feedback is contained within the body of this report.

Ten staff questionnaires were provided to the manager on the day of inspection. They were requested to forward these to a random sample of care staff, to find out their views regarding the service. Three staff questionnaires were received following the inspection with one staff member expressing dissatisfaction with the time allocated to care for service users. Another respondent was not satisfied that care plans were always appropriate and indicated that improvements were needed to ensure service users' views were responded to and that services users were informed about changes to planned care or delays to care. The registered manager was informed about these matters.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 30 September 2014. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 11(1) Regulation 11(3) Regulation 13(b)</p>	<p>The registering provider and manager is required to ensure all training records and associated competency records for the manager and management staff are compliant with Regulation 11(1), Regulation 11(3), Regulation 13(b), Standards 8.17 and the RQIA mandatory training guidelines (2012) and include management training in the areas of supervision and appraisal in accordance with Standard 13.1 as appropriate.</p> <p>As discussed within theme one, criteria one and three of this report.</p> <p>Action taken as confirmed during the inspection: Records confirmed management staff attended mandatory training and had achieved competence. Evidence of managements staff's training in the areas of supervision and appraisal were available for inspection.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 16(2)(a)</p>	<p>The registering person is required to ensure the registered manager receives annual appraisal compliant with the agency policy and procedure timeframes.</p>	Met

	<p>As discussed within theme one, criteria two of this report.</p> <p>(Minimum Standard 13.5)</p>	
	<p>Action taken as confirmed during the inspection: The inspector viewed evidence that the registered manager had been appraised on the 03 November 2014 and there were plans for completing appraisal for 2015.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 13 and Schedule 3</p>	<p>The registering manager is required to obtain the staff identification details for the staff member file reviewed during inspection and for all future staff members.</p> <p>As discussed within theme three, criteria one of this report.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed four staff files and all contained staff identification details for each staff member.</p>	

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 13.2</p>	<p>The registered manager is recommended to review the supervision and appraisal policies and procedures.</p> <p>As discussed within theme one, criteria two of this report.</p>	Met
	<p>Action taken as confirmed during the inspection: The agency's "Staff Supervision and Support Policy" was reviewed in October 2014 and details arrangements for the frequency of supervision and staff appraisal.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 9 and Appendix 1</p>	<p>The registered manager is recommended to review the Restraint policy and procedure.</p> <p>As discussed within theme two, criteria one of this report.</p>	Met
	<p>Action taken as confirmed during the inspection: The agency's "Restraint Policy and Protocol" was reviewed in June 2015 and is satisfactory.</p>	

Recommendation 3 Ref: Standard 11.1	The registering person is recommended to review the staff recruitment policy to include the procedure carried out by the agency. As discussed within theme three, criteria one of this report.	Met
	Action taken as confirmed during the inspection: The agency's "Staff Recruitment Policy and Protocol" was updated in June 2015 and confirms that staff identity information is to be kept within personnel files.	

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?

On the day of inspection the inspector requested to see training records maintained by the agency. It was identified that Child Protection training was out of date for some members of staff. The manager confirmed that other mandatory training for some staff was out of date but that training was due to take place in the coming months. The absence of adequate assurances that agency staff have received appropriate training has the potential to significantly impact on the safety and welfare of service users. These concerns were highlighted at the meeting on 03 December 2015 and the registered person submitted an action plan for ensuring compliance with Regulation 16 (2) within three months of the date of inspection. Based on the evidence produced at the meeting and the assurances given by the registered person and the registered manager a Failure to Comply notice was not issued and a requirement is made.

The UCO found there were mixed results regarding new carers being introduced to the service user by a regular member of staff.

The documentation relating to one service user was reviewed by the UCO. It was noted that the care plan was out of date and there was a variation in call time. These issues were discussed with the manager who agreed to review the matters. The log sheets were being completed appropriately by the carers.

Is Care Effective?

During the inspection the inspector met with four care staff to discuss their role within the service. Staff confirmed they have spot checks from management and that their training and induction was good with one person stating;

- "Fantastic induction, taught me loads even though I had worked for another agency".

Staff also confirmed that management were supportive to them commenting;

- "Never have to ask twice for anything"
- "Door is always open".

The UCO was informed by all of the people interviewed that they are aware of whom they should contact if any issues regarding the service arises. Complaints had been made to the agency regarding timekeeping, consistency of carers, rushed calls, training and missed calls. The UCO was advised that one complaint is ongoing; the other complainants were satisfied with the outcome.

Management visits are taking place to discuss the care provided by the agency; however the majority of the people interviewed were unable to confirm that observation of staff practice had taken place or that they had received questionnaires from the agency. The UCO was informed by the majority of the service users and relatives interviewed that there were concerns regarding the carers' timekeeping and the service users are usually not contacted the agency if their carer has been significantly delayed. One relative did advise that they had experienced a small number of missed calls from the agency.

Is Care Compassionate?

The people interviewed by the UCO raised concerns regarding the quality of care being provided by the carers from Rodgers Community Care. Lack of consistency in carers was raised as an issue as the carers are unable to develop a relationship with the service user and also gain experience working with service user. Two relatives also felt that on occasions care can be rushed. The majority of the people interviewed did not raise any concerns regarding the carers treating the service users with dignity or respect. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate.

Staff spoken to on the day of inspection described different scenarios regarding how they treat service users with dignity and respect and highlighted how they enjoy their role as care workers within the agency.

Areas for Improvement

The registered person must ensure that mandatory training is completed by all staff.

Number of Requirements:	1	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?

There was no system of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed. In light of the provider's description of the current service provision to 221 service users including 21 children, some with very complex needs, and the areas of dissatisfaction noted in the UCO report; the lack of robust quality monitoring of the service could result in failure to identify regulatory breaches. The provider's failure to adequately monitor the quality of service provision may have contributed to the regulatory breaches identified during the inspection of 17 November 2015. During a meeting at RQIA offices on 03 December 2015, the registered person described actions taken to secure compliance with the relevant regulation. Examples of monthly monitoring reports completed retrospectively were produced and the registered person

discussed the planned delegation of this process to another individual. On this basis, RQIA did not issue a failure to comply notice in respect of Regulation 23 (1) (5). RQIA have advised the registered person of their responsibility to submit to RQIA on a monthly basis, reports of quality monitoring undertaken in accordance with Regulation 23(2). This requirement is included in the Quality Improvement Plan appended to this report.

Is Care Effective?

Staff 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. One staff member said,

- “Drive time can be difficult leading to late calls”.

The UCO was informed by the majority of the service users and relatives interviewed that there were concerns regarding the carers’ timekeeping and the service users are usually not contacted the agency if their carer has been significantly delayed. One relative did advise that they had experienced a small number of missed calls from the agency. The areas of dissatisfaction outlined by relatives and carers to the RQIA’S user consultation officer were discussed with the registered person and registered manager. They expressed their disappointment with the responses and were unaware of some of the issues mentioned. The registered person explained some mitigating factors to account for services users’ dissatisfaction which included “traffic”, “car accidents” and “a high turnover of staff”. They confirmed that they do not keep a record of missed or late calls and a recommendation is made in respect of this.

Is Care Compassionate?

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 annual surveys for the agency.

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

- “All my carers are very good; lovely girls”
- “Very, very pleased with the service”
- “There seems to have been lots of carers leave recently”
- “Sometimes the calls are late but the office staff are approachable and send someone out to me”.

Areas for Improvement

The registered person must ensure that working practices are systematically monitored and audited and send a report detailing their findings to RQIA on a monthly basis.

Records of missed and late call should be maintained.

Number of Requirements:	1	Number of Recommendations:	1
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5.3 Additional Areas Examined

Feedback from HSC Trust

Prior to the unannounced inspection the inspector had reviewed an incident involving concerns expressed by a HSC Trust Professional. This matter was discussed during the inspection and the registered manager outlined the agency's response. The inspector advised that in addition to measures to be taken by the HSC Trust to ensure staff competence the agency should ensure that staff members involved in the care of service users with complex needs have refresher mandatory training in the administration of medicines and the protocols in place for those in receipt of care by the agency.

Subsequent to the inspection the inspector arranged a telephone call with the HSC Trust Professional who confirmed that experienced carers are involved in packages of care with service users with complex needs. She confirmed they have competence assessed following theory and practice in a range of areas which include dosage calculations for medications. The professional said carers from Rodgers Community Care are of a very high standard. She explained the issues she had raised with the agency involved a carer not following precise written instructions and also verified HSC Trust responses to ensure the carers' competency. The professional also explained that following RQIA's requests for more information in respect of carers' responsibilities for calculating dosages the matter had been referred to other HSC Trust professionals.

During the inspection the inspector discussed a conduct issue involving a staff member. This matter was discussed on 03 December 2015 and the registered manager updated RQIA with recent developments and provided assurances that appropriate action had been taken. At the meeting at RQIA offices the registered person discussed a separate incident concerning a service user which is the subject of ongoing investigations by the PSNI. The inspector had viewed records of this incident during the inspection and was satisfied with the agency's responses.

Management of Complaints

On 17 November 2015 the inspector noted information within a service user's file which the inspector considered issues of concern. This matter was also discussed with the HSC professional following the inspection. The matters had not been recorded as complaints by the agency. The absence of adequate assurances that agency staff have fully investigated all matters raised as concerns has the potential to significantly impact on the care and welfare of service users therefore a requirement is made in respect of this.

1. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Registered Person, Michael Rodgers and the Registered Manager, Janene Swain 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.

1.1 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.

1.2 Recommendations

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

1.3 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 (paperlite) 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 home/agency/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 home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 23(2)(3)</p> <p>Stated: First time</p> <p>To be Completed by: Within one month of receipt of RQIA's request.</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>Response by Registered Person(s) Detailing the Actions Taken: The Registered Person has identified and delegated the role and responsibilities of Monthly Monitoring as per the regulation stated above, to an individual not directly involved with the 'day to day' running of the organisation. The organisation has submitted its most recent Monthly Quality Monitoring Report to RQIA and continues to comply with this as per this regulation requirement.</p>
<p>Requirement 2</p> <p>Ref: Regulation 16(2)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 17 March 2016</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>Response by Registered Person(s) Detailing the Actions Taken: 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.</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>Response by Registered Person(s) Detailing the Actions Taken:</p>

<p>To be Completed by: With immediate effect and ongoing from the date of 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. Information received through these are subsequently collated and included in the Monthly Quality Monitoring Reports.</p>
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Recommendations	
Recommendation 1 Ref: Standard 8.10 Stated: First time To be Completed by: 17 January 2015	<p>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.</p> <p>Refers to monitoring and maintaining a record of missed or late calls.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Registered Person has implemented a system to manage and monitor late and missed visits to clients. 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.</p>

Registered Manager Completing QIP	Janene Swain	Date Completed	09-02-2016
Registered Person Approving QIP	Michael Rodgers	Date Approved	09-02-2016
RQIA Inspector Assessing Response	Michele Kelly	Date Approved	15/02/16

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