

Unannounced Care Inspection Report 24 January 2019



Domiciliary Care Services (North Down & Ards)

Type of Service: Domiciliary Care Agency
Address: 10 Church Street, Newtownards, BT23 4AL
Tel No: 02891510268
Inspector: Joanne Faulkner
User Consultation Officer (UCO): Clair McConnell

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Domiciliary Care Services (North Down & Ards) is a domiciliary care agency located in the North Down area. The agency's aim is to provide care to meet the individual assessed needs of people in their own homes.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)	Registered Manager: Alistair Fitzsimons, Acting-no application received
Responsible Individual: Hugh Henry McCaughey	
Person in charge at the time of inspection: Acting manager	Date manager registered: No application received

4.0 Inspection summary

An unannounced inspection took place on 24 January 2019 from 10.00 to 17.15.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- communication with service users, relatives and other relevant stakeholders
- staff induction, training and supervision
- provision of care in a person centred manner
- service user engagement.

This was supported through review of records at inspection and from feedback received from service users and relatives.

One area for improvement was identified during the inspection in relation to Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and agency's quality monitoring system.

The comments of staff, service users and their relatives have been included in the relevant report sections.

The inspector and UCO would like to thank the manager, service users, relatives and staff for their support and full co-operation throughout the inspection process.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with the manager and deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 1 December 2017

No further actions were required to be taken following the most recent inspection on 1 December 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection
- UCO report.

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

- discussions with the manager, deputy manager, area managers and team coordinators
- examination of records
- consultation with service users' and relatives
- evaluation and feedback.

The following records were viewed during the inspection:

- Service users' care records
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding

- Staff rota information
- Statement of Purpose
- Service User Guide.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received. In addition information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

As part of the inspection the UCO spoke with one service user and six relatives, by telephone, on 22 and 23 January 2019 to obtain their views of the service. The service users receive assistance from the agency with personal care and meals. In addition the inspector spoke to 10 domiciliary care workers.

Comments received from domiciliary care workers:

- "I feel supported; communication is good. There is good team work."
- "I have no concerns; I can ring the office at any time. There is always someone to get advice from."
- "I can raise concerns and matters are addressed."
- "I think we care for the service users well."
- "Service users are safe, they have choice and are well looked after."
- "Training and induction is good; the manager lets us know when we need an update."

Feedback received by the inspector and UCO during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the manager and deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 December 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 1 December 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the processes for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's recruitment policy is coordinated by the organisations human resources (HR) department. The manager described recent initiatives used to recruit additional staff such as staff recruitment open days. It was identified that the agency has a system for ensuring that a statement verified by the manager indicating that staff are physically and mentally fit for the purposes of the work which they are to perform is in place.

The manager stated that staff are not provided for work until all required checks have been satisfactorily completed; discussions with the manager and team co-ordinators indicated that the process was robust.

It was identified that the agency's induction programme provided to staff is in excess of the three day timescale as required within the domiciliary care agencies regulations. Records viewed and discussion with the manager and staff indicated that new domiciliary care workers are provided with an initial three day induction followed by a number of shadowing visits with other staff employed by the agency. In addition staff are required to complete corporate induction and review a range of policies and information relating to the job role.

It was identified that during the probationary period staff have regular reviews. Staff are required to sign that they have received and understood the information provided during the induction programme. The inspector viewed a number of individual staff induction records retained by the agency; they contained details of the information provided to staff during their induction.

Discussions with service users and relatives indicated that staff had the appropriate skills to fulfil the requirements of their job roles. The agency maintains details of all staff induction, training, supervision and registration status with relevant regulatory bodies.

The inspector discussed with the manager the process for ensuring that staff provided at short notice had the knowledge and skills for the job roles. The manager stated that all staff must complete the full induction programme prior to being supplied for work.

Discussions with the manager and team co-ordinators demonstrated that the agency endeavours to ensure the required numbers of experienced persons are available to meet the assessed needs of individual service users. The inspector viewed the agency's electronic roistering system.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. It was noted that staff are required to complete six monthly supervision and annual appraisal; staff are provided with a supervision agreement. The records of three staff reviewed by the inspector indicated that they had received supervision and appraisal in accordance with the agency's policies. It was identified that a record of staff supervision and appraisal are maintained. Staff supervision and appraisal information viewed were noted to be retained in a well organised manner.

The manager and team co-ordinators could describe the process for identifying individual staff training needs and their responsibility for ensuring that staff complete required training updates. It was noted that domiciliary care workers were required to complete training in a range of mandatory areas and in addition training specific to the individual needs of service users such as catheter and stoma care. The agency has a system for recording staff training; information viewed indicated that the staff had completed the required training.

The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC) and retain copies of staff certificates. The manager stated that staff are alerted when their registration is required to be renewed and would not be supplied for work if they are not appropriately registered. Discussions with the manager and staff indicated that the list is reviewed on a monthly basis.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The agency's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and details the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

It was identified from discussions with the manager, staff and training records viewed that staff are required to complete safeguarding training during their induction programme and in addition a two yearly update.

Service users and relatives who spoke to the UCO could describe what they would do if they had any concerns in relation safety concerns or the care they received.

Discussions with the manager evidenced that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) adult protection team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that the agency had acted in accordance with the policies and procedures in managing referrals made since the previous inspection in relation to adult protection matters. It was positive to note that a comprehensive record of all actions taken and communication relating to the referral is retained by the agency. Records viewed were noted to be retained in a well organised manner.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users' health, welfare and safety. It was identified that prior to commencement of a service the agency receives a range of relevant assessments and information from the referrer. The inspector viewed a range of risk assessments in place relating to individual service users.

The manager could describe the process for ensuring that service users are involved in the development of their individual care plans. Care plans and a timetable of service are provided for staff in the service users homes; it was identified that care plans are reviewed at least annually. The agency contributes to reviews involving the service users' HSCT keyworkers as appropriate. The inspector viewed evidence of monitoring visits completed by the team co-ordinators.

The agency's office accommodation is located in Newtownards. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were locked, an intercom system was in place to gain access, records were stored securely and that PC's were password protected.

The UCO was advised by all of the service users and relatives spoken to that they had no concerns regarding the safety of the care being provided by the SEHSCT's domiciliary care service. Care is being provided by a small team of care workers which was felt to be beneficial as it allows for a relationship to develop with the service users and their relatives.

They indicated that care workers were knowledgeable regarding the care required by the service users and no issues regarding the skills of the care workers were raised with the UCO. All of the service users and relatives spoken to were aware of whom they should contact if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Excellent service."
- "XXX tries to do what he can but the carers help if necessary."
- "Can't fault them."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision, appraisal and the agency's management of adult protection matters.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed by the inspector. The agency's Statement of Purpose and Service User Guide were noted to contain details of the nature and range of services provided.

The agency had a data protection policy; records viewed during the inspection were noted to be retained in an organised and secure manner. It was identified that staff had received training relating to record keeping. The deputy manager stated that all records are retained securely overnight.

Staff could describe the processes in place for supporting service users to be engaged in the care planning and review processes. During the inspection the inspector viewed a number of individual service user care records; it was noted that staff are required to record details of the care and support provided at each visit.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users; this includes a process for completing monthly quality monitoring visits.

The inspector viewed the agency's quality monitoring reports of the visits completed by the manager from another of the organisation's registered facilities. The reports were noted to include details of the review of the previous action plan, review of accidents, incidents, safeguarding referrals, staffing arrangements, training compliance levels, care records and complaints.

Reports viewed were noted to include comments made by service users, and where appropriate their representatives. However it was identified by the inspector that the person completing the report had not accurately recorded the details of the persons spoken to; this was discussed with a senior manager following the inspection. An area for improvement was identified in relation to the report accurately detailing the person spoken to and the comments made in relation to the service provided.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users indicated that the agency's staff communicate appropriately with them.

The manager could describe the processes used to develop and maintain effective working relationships with other HSCT representatives and relevant stakeholders were appropriate.

The agency facilitates regular staff meetings; minutes of meetings viewed indicated that a range of information is discussed at each meeting and that staff are provided with the opportunity to raise concerns.

The UCO was informed by the service users and relatives spoken to that they had no concerns regarding the timekeeping of care workers' or missed calls. They indicated that care had not been provided in a rushed manner, with care workers taking time to speak with the service user. The indicated that new care workers are aware of the care required.

The majority of the service users and relatives interviewed had no concerns regarding communication between the service users, relatives and staff from the SEHSCT's domiciliary care service. Some of the service users and relatives interviewed were able to confirm that monitoring visits have taken place to obtain their views on the service.

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

- “It’s reassuring that someone calls regularly with XXX and contacts me if anything is wrong.”
- “Communication from management could be better.”
- “Very happy with the service.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s and engagement with service users, and where appropriate their relatives and other key stakeholders.

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency’s quality monitoring system.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive information and training relating to human rights, equality and diversity, and confidentiality during their induction programme. Discussions with the manager, service users and relatives and records viewed indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the agency and in the way care is provided.

Service user care records viewed in the agency office were noted to contain information relating to their individual life histories, their care needs and preferences. The manager and staff could describe how service users and where appropriate their relatives are encouraged to make decisions about the care and support they receive. It was noted that service users sign to indicate that they have been involved in the assessment and care planning process. The manager stated that staff endeavour to provide care and support in a person centred manner.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. It was positive to note that domiciliary care workers had received training relating to equality and diversity; the manager could describe how this equips staff to engage with a diverse range of service users.

Discussions with the service users, their relatives', staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective service user involvement
- appropriate stakeholder involvement
- equity of care and support
- provision of care in an individualised manner.

Records viewed and discussions with staff and service users indicated that the agency has a range of methods for obtaining and recording comments made by service users and/or their representatives. Records of service user monitoring visits and care review meetings visits indicated engagement with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, monitoring visits and care review meetings. The agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement. It was identified that the agency had received a number of compliments since the previous inspection.

Compliments received:

- "Everyone could not be nicer."
- "CCW's are fantastic, really appreciate all they did."
- "The girls are very good to me. I hold the staff in high regard."
- "Staff are always on time and very good to talk to."
- "Thanks you for the care and attention given."
- "Very happy with staff coming in to provide care."

Service users' and relatives' spoken to by the UCO felt that care was provided in a compassionate manner. Service users, as far as possible, indicated that they are given their choice in regards to meals and personal care. Views of service users and relatives have been sought through home monitoring visits to obtain their satisfaction with the care that has been provided by the SEHSCT's domiciliary care service.

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

- "XXX looks forward to them coming. They take the time to chat."
- "Great to have the same carers. Have got to know them."
- "Couldn't speak more highly of them."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of care in a person centred and compassionate manner to meet the assessed

needs of service users. There was evidence of the effective engagement with service users, and where appropriate their relatives and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The management and governance systems in place within the agency to effectively meet the assessed needs of individual service users were reviewed by the inspector. The agency is managed on a day to day basis by the manager supported by the deputy manager, six area managers and a number of team co-ordinators. The manager could describe the process for staff and service users to obtain support and guidance at any time including out of hour arrangements. Service users and relatives who spoke to the UCO confirmed that they were familiar with the procedure for contacting the agency if required.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained electronically and that staff can access if required.

The agency's complaints policy and procedure outlines the process for managing complaints; discussions with the manager indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received awareness training in relation to management of complaints. Service users and relatives spoken to could describe the process for raising concerns.

The agency maintains a record of complaints received. It was noted from records viewed and discussions with the manager that the agency had received no complaints since the previous inspection. Complaints are audited on a monthly basis as part of the agency's quality monitoring process.

The inspector discussed with the manager information that had been provided to the UCO prior to the inspection in relation to the service provided to one individual; the manager provided evidence that this matter had not related directly to the care provided and that agency staff had referred the matter to the relevant HSCT keyworker.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk.

Systems include the provision of required policies and procedures, monitoring of staff, monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. The inspector viewed evidence of effective collaborative working relationships with relevant stakeholders. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal.

The organisational and management structure of the agency is outlined in the Service User Guide; it details lines of accountability. It was noted that staff are provided with a job description at the commencement of employment and that staff receive support and guidance during supervision and appraisal processes. Service users and relatives who spoke to the UCO were aware of staff roles.

The registered person has worked effectively with RQIA to operate and lead the agency in maintaining compliance with Regulations and Minimum Standards. It was noted that the agency's Statement of Purpose and Service User Guide were required to be updated to include the details of the current management arrangements; assurances were provided that this would be actioned immediately following the inspection.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the engagement with service users and the management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 23.- (1)(5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for the consultation with service users and their representatives.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Operations Manager has addressed the inaccuracy of the reports with the manager undertaking the monthly provider visits. The manager will complete the report on the same day as the visit to ensure up to date accurate information</p>

Please ensure this document is completed in full and returned via Web Portal



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