

Unannounced Care Inspection Report 1 December 2017



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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 & Social Care Trust Responsible Individual(s): Hugh Henry McCaughey	Registered Manager: Elaine Somerville
Person in charge at the time of inspection: Co-ordinator	Date manager registered: Acting – Not Registered

4.0 Inspection summary

An unannounced inspection took place on 1 December 2017 from 10.15 to 16.45.

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

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staff recruitment, staff supervision and appraisal, communication with service users and the quality monitoring processes.

No areas for improvement were identified.

Comments made by service users are included within the report.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 29 November 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 November 2016.

5.0 How we inspect

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

- Discussion with the person in charge
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback
- UCO report

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

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the person in charge, two care co-ordinators and three staff members.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Risk Management Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Complaints Policy
- Information Governance and Data Protection Policy

- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that organisation’s Human Resources (HR) department to review the agency’s staff recruitment records; details of the findings are included within the report.

At the request of the inspector, the person in charge was asked to display a poster within the agency’s registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

Prior to the inspection on 9 November 2017, the UCO spoke with five service users and six relatives, either in their own home or by telephone, to obtain their views of the service. The service users interviewed have received assistance with management of medication, personal care and meal provision. The UCO also reviewed the agency’s documentation relating to five service users.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

The inspector would like to thank RQIA’s user consultation officer, the person in charge, staff and service users for their support and co-operation during the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 November 2016

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 29 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
Requirement 1 Ref: Regulation 23(2)(3) Stated: First time	23- (1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. (2) At the request of the Regulation and	Met

	<p>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 This report should be forwarded to RQIA until further notice.</p>	
<p>Requirement 2 Ref: Regulation 16.-(1)(a) Stated: First time</p>	<p>The registered provider must ensure that:</p> <ul style="list-style-type: none"> (a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency. <p>Action taken as confirmed during the inspection: The inspector noted that a workforce review had been completed and that additional staff are to be provided. It was identified that the recruitment process and the review of job</p>	<p>Partially met</p>

	roles and responsibilities is still ongoing.	
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.		Validation of compliance
Recommendation 1 Ref: Standard 4.1 Stated: Second time	<p>Each service user and, if appropriate, his or her carer/representative is provided with a written individual service agreement before the commencement of the service. If it is not possible to provide this agreement before the commencement of the service, it is provided within five working days of such commencement. The agreement is made available, if required, in a format and language suitable for the service user or his or her carer/representative.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed evidence that service users had been provided with an individual service agreement before the commencement of the service or within five working days.</p>	
Recommendation 2 Ref: Standard 3.6 Stated: First time	<p>An appropriately experienced or qualified member of staff from the agency visits the service user in their own home prior to the service user receiving the service. He or she:</p> <ul style="list-style-type: none"> • ensures that the service user has the information about the agency specified in Standard 2 • confirms that the assessment information is correct and the care plan feasible • checks and revises if necessary , the risk assessments received • If it is not possible to make this visit before commencement of the service, the visit is made within two working days of the commencement of the service. 	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed evidence that an appropriately experienced or qualified member of staff from the agency visits the service user in their own home prior to the service user receiving the service or within two days of the service commencing. The inspector viewed copies of the</p>	

	documentation provided to service users.	
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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 inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The agency's staff recruitment process is managed by the organisation's Human Resources (HR) department. Prior to the inspection the inspector visited the organisation's HR department and reviewed a number of staff personnel records; those viewed included details of the agency's recruitment processes and evidence of pre-employment checks completed. Documentation viewed and discussions with HR personnel indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Staff records retained at the agency's office and in the HR department were noted to be retained securely and in an organised manner.

The agency's induction policy outlines the induction programme noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was noted that staff are required to complete corporate induction, a range of mandatory training and shadow other staff during their induction period.

A record of the induction programme provided to staff; is retained; the inspector viewed a number of individual staff induction records. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

It was noted that relief staff are not accessed from another domiciliary care agency. The person in charge described the process for ensuring that staff provided at short notice have the skills to fulfil the requirements of the job role.

Discussions with the person in charge and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The person in charge and staff discussed the challenges faced in providing continuity of care on occasions due to staff absences. It was noted that following a recent workforce review additional team co-ordinators are to be provided. The inspector viewed the agency's electronic staff rota information and noted it reflected staffing levels as described by the person in charge.

The agency's staff supervision and appraisal policies outline the timescales and procedures to be followed.

It was noted that supervision can take the form of one to one supervision, direct observation of staff or group supervision. The agency provides staff with a supervision contract and retains a record of staff supervision and appraisal; those viewed by the inspector indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures.

The inspector viewed details of training completed by staff; records viewed indicated that staff had complete appropriate training to their job roles. Staff are required to complete corporate induction training, a range of mandatory training and training specific to the needs of individual service users. Staff could describe the process for identifying training needs and for ensuring that required training updates are completed. The agency records compliance levels in relation to training completed; this information is audited by the person completing the agency's monthly quality monitoring visit.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was identified that the organisation is currently updating its policy and procedures to reflect information contained within the regional policy. The current policy and procedures outline the procedure for staff in relation to reporting concerns.

The agency maintains a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with the person in charge indicated that the agency has made a number of referrals in relation to adult protection matters and acted in accordance with their current procedures.

Staff are required to complete safeguarding vulnerable adults training during their induction programme and an update two yearly. It was noted that the compliance level for adult safeguarding training was 98%; the person in charge stated that due to staff absence some staff had not completed their update. Staff who met with the inspector demonstrated that they had a good understanding of adult safeguarding matters and the process for reporting concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. The agency's assessment and care planning policy outlines the process for assessing and reviewing risk.

It was identified that the agency has a range of risk assessments in place relating to individual service users. The agency receives a range of relevant information and assessments relating to individual service users prior to them receiving care and support.

Staff described how they support service users to be involved in the development and review of their care plans. Staff record the care and support provided to service users at each visit. Service users have an annual review involving their HSCT keyworker and care plans are reviewed and updated as required.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose.

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by the agency.

One issue was raised with the UCO which was discussed with the acting registered manager. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important for the service user’s security.

No issues regarding the regular carers’ training were raised with the UCO; however some felt that some of the floaters were not fully informed as to the care required by the service user. This was discussed with the person in charge during the inspection. All of the service users and 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 service users or their relatives are listed below:

- “Lots of new faces in the reablement team; hard to get to know them.”
- “Couldn’t do without them.”
- “Very happy with them.”

Comments received during inspection.

Staff comments

- ‘I get supervision annually.’
- ‘I can contact the office if I have any concerns.’
- ‘I feel we support the clients to be safe and stay in their own homes.’
- ‘I go to the staff meetings they are good we can speak up and are listened to.’
- ‘I got a good induction; corporate and with *****.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s staff recruitment processes, supervision, appraisal, and adult protection.

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 and meeting the assessed needs of service users were reviewed. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s management of records policy details the procedures for the creation, storage, retention and disposal of records. Records viewed both prior to and during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed by the inspector at the organisation’s head office prior to the

inspection were noted to be maintained in an organised manner; documentation held in the agency's office was noted to be organised and retained securely.

The person in charge could describe the methods used for supporting service users to be effectively engaged in the development of their care plans; they stated that service users are provided with a copy of their care plan and timetable of services during the initial monitoring visit. The agency requests that service users sign their care plan to indicate that they have agreed to the care and support to be provided.

The inspector reviewed the agency's arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency has a system in place for monitoring the quality of the service provided; it was noted that the process involves a monthly audit being completed by a manager from another of the HSCT facilities. The process seeks to obtain feedback from service users, relatives and relevant stakeholders in relation to the quality of the service provided.

Records of monthly quality monitoring visits were noted to include details of the review of the agency's systems and an improvement plan. The documentation includes details of the review of accidents, incidents or safeguarding referrals, practices deemed as restrictive, complaints, medication, care plans and staffing arrangements. It was noted that the person completing the monitoring visit records the comments made by service users, and where appropriate their representatives.

Comments made by service users and their representatives and included in quality monitoring reports

- 'No complaints.'
- 'Very happy with service, nothing negative to report.'
- 'It's excellent; domiciliary care are our eyes and ears on the ground.'
- '***** lets me know when there are issues,'

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

Staff were knowledgeable about the individual needs of service users; they could describe the methods used to support service users to remain at home.

The agency facilitates monthly staff meetings; it was identified from records viewed that a range of standard items are discussed at each meeting, they include operational matters, policies, staffing, on call and service user issues.

Discussions with the person in charge and staff demonstrated that they endeavour to develop and maintain effective working relationships with the other HSCT representatives and relevant stakeholders. The inspector viewed evidence of engagement between the agency's staff and HSCT keyworkers.

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed.

The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency.

No issues regarding communication between the service users, relatives and staff from the agency were raised with the UCO. Service users are usually introduced to new carers by a regular carer. Home visits and phone calls have taken place as well as questionnaires from the agency to obtain the service users' views on the service.

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

- “Any worries with XXX, they let me know.”
- “Peace of mind for us that someone calls with XXX during the day.”
- “No complaints at all.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to five service users and it was noted that one care plan required to be updated.

Comments received during inspection.

Staff comments

- ‘There is a good level of training and support.’
- ‘My concerns are listened too; just lift the phone to the office.’
- ‘Training is good.’
- ‘I feel I make a difference to someone.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s record keeping, auditing arrangements and communication with service users and relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 inspection assessed the agency’s ability to treat service users with dignity, respect and compassion and to engage service users in decisions affecting the care they receive. Discussions with the person in charge and staff indicated that the values such as choice, dignity and respect were embedded in the culture of the organisation; they stated that they had received training in relation to confidentiality during their corporate induction.

Staff could describe the methods used for supporting service users to make informed choices and for respecting their views and wishes.

There are a range of systems in place to promote effective engagement with service users in conjunction with the HSCT community keyworker; they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. It was identified that 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 good to note that the agency produces a newsletter for all service users twice yearly with the aim to keep them informed of developments in the service; it contains contact details of administrative staff, on call arrangements and a range of other relevant information.

The agency has processes in place to record comments made by service users; details of the annual service user satisfaction survey, records of service user care review meetings, monitoring visits and quality monitoring reports viewed by the inspector provided evidence that the agency endeavours to engage with service users and where appropriate their representatives in relation to the quality of the service provided.

The inspector noted that following the return of the service user satisfaction surveys an action plan was developed. It was good to note that the details of the most recent survey completed in October 17 indicated that 98% of service users felt that staff were polite and courteous and 100% felt that that staff maintain the privacy and dignity of service users whilst providing the care.

Comments from returned service user satisfaction survey, October 2017

- 'Excellent service.'
- 'I find them nice and enjoy their company while they are here and they make me feel comfortable.'
- 'My mum and myself appreciate the care staff very much. We have found care staff to have a pleasant manner and the friendliness and support they provide to my mum is a great help.'
- 'They are kind and considerate and I look forward to their visits.'
- 'As a fulltime carer for my sister, the help of staff four times a day proved to be invaluable, enabling her to remain at home.'
- 'All the staff I have met have been polite, courteous, friendly and helpful; they are an excellent team.'
- 'I have the upmost trust in my six care worker and find them very respectful. This is an excellent service and my wife and I are most grateful.'

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect; however some felt that calls can be rushed when regular carers are off; this was discussed with the person in charge. 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 and questionnaires to ensure satisfaction with the care that has been provided by the agency. Examples of some of the comments made by service users or their relatives are listed below:

- “Nice girls.”
- “All very good.”
- “Apart from one carer, they’re amazing.”

Staff comments

- ‘Clients are listened too.’
- ‘Happy in my job; I love my job.’
- ‘We have time to talk to the clients and support them as much as we can.’

Areas of good practice

There were examples of good practice identified in relation to the agency’s processes for engaging with service users, effective communication and providing care in an individualised manner.

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 agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is currently managed on a day to day basis the acting manager and a co-ordinators. Staff who met with the inspector could describe the process for obtaining support from senior management if required.

The agency has a range of policies and procedures noted to be in accordance with those as required within the minimum standards; they are retained in an electronic format which staff can access and in a paper format stored in the agency’s office. During the inspection the inspector viewed a number of the organisation’s policies; it was identified that the majority viewed had been reviewed and update in accordance with timescales for review as outlined within the minimum standards.

The agency’s procedures for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users were reviewed. Records viewed and discussions with the staff indicated that the agency’s governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

It was identified that the agency’s complaints policy, April 2014 is currently being reviewed. The agency’s complaints policy outlines the process for effectively handling complaints; discussions

with staff indicated that they had a clear understanding of the actions required in the event of a complaint being received. It was noted that staff receive training in relation to managing complaints during their corporate induction programme.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that the agency has received a number of complaints since the previous inspection. The inspector identified from records viewed that the agency has acted in accordance with their policy and procedures in the management of complaints and has a proforma to record of the outcome of the investigation of any complaints received.

Records viewed and discussions with the person in charge indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for the ongoing review of incidents, accidents, safeguarding referrals and complaints. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, training, supervision and appraisal.

The organisational and management structure of the agency is outlined in the service user guide. Staff had a clear understanding of their job roles and responsibilities; they are provided with a job description at the commencement of their employment. Staff demonstrated that they had a clear understanding of the procedure for raising concerns and had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body; copies of individual staff member's registration certificates are retained by the agency and monitored by the manager. Discussions with HR personnel and the person in charge provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

All of the service users and 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; however one issue was raised with the UCO and has been referred to the acting registered manager in relation to the conduct of a staff member.

Comments received during inspection.

Staff comments

- 'I feel listened too; things get done.'
- 'We can request additional training.'

- ‘I feel supported in my job.’
- ‘I can ring the on call; they are always great at helping you.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements and management of complaints.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews