



The **Regulation** and
Quality Improvement
Authority

**Domiciliary Care Services (North Down &
Ards)**
RQIA ID: 11270
10 Church Street
Newtownards
BT23 4AL

Inspector: Amanda Jackson

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**Unannounced Care Inspection
of
Domiciliary Care Services (North Down & Ards)**

23 November 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 23 November 2015 from 09.30 to 16.30 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. 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

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

1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 5 |

The details of the QIP within this report were discussed with the acting manager Lynn McQuillan and three domiciliary area managers as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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| Registered Organisation/Registered Person: South Eastern HSC Trust/Mr Hugh Henry McCaughey | Registered Manager: Miss Jane Esther Frances Lindsay |
| Person in charge of the agency at the time of Inspection: Lynn McQuillan (acting manager) | Date Manager Registered: 26 February 2015 (Miss Jane Esther Frances Lindsay) |
| Number of service users in receipt of a service on the day of Inspection: 687 | |

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

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

Prior to inspection the following records were analysed:

- Previous inspection reports (September and November 2014)
- Previous returned quality improvement plans (September and November 2014)
- 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 acting manager and three domiciliary area managers.
- Consultation with three staff
- Review of one staff questionnaire
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and five relatives on 20 November 2015 to obtain their views of the service. The service users interviewed are receiving assistance with the following:

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

The findings from their feedback have been included within the body of this report.

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

Ten staff questionnaires were provided to the domiciliary area managers 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. One staff questionnaire was received following the inspection.

The following records were examined during the inspection:

- Three service user quality monitoring records
- Three staff quality monitoring records
- Staff supervision policy and procedure
- Service user quality monitoring policy and procedure
- Three domiciliary area managers training records and competency assessments
- Three service user home records
- Recruitment procedure
- Acting manager supervision records
- Three domiciliary area managers supervision records
- Three recently commenced service users' referral information, assessments, care plan and risk assessment
- Four long term service users' review information
- Three compliments
- Three complaints
- Three staff team meeting minutes/team briefs
- Three daily communication/diary records
- Correspondence regarding five additional non mandatory training areas completed or planned for staff
- Annual quality report
- 10,000 voices regional survey regarding service users' views of service quality
- The trust's safe and effective care department survey in March 2015 regarding service users' views of service quality
- Policy and procedure for missed calls
- Three missed call records
- Three on call duty logs/reports
- On call rota
- Three monthly monitoring reports
- Four staff/locality area rota's
- Out of hours staff handbook
- Two incidents.

5. The Inspection

The Domiciliary Care Services (North Down and Ards) is based at 10 Church Street, Newtownards, County Down and is one of two domiciliary care offices within South Eastern Health and Social Care Trust. The agency serves the North Down and Ards area, including the Ards Peninsula area of Northern Ireland. Under the direction of the acting manager Lynn McQuillan, a staff team of 288 provide a range of services to 687 people living in their own homes. They provide personal care assistance, social support and domestic duties to service users. The majority of service users are older people, but they also provide services to those with a learning disability and/or a physical disability that require assistance to maintain an independent lifestyle.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was a secondary announced care inspection dated 26 November 2014. The follow up inspection reviewed one matter reviewed during the annual unannounced inspection of the agency on 15 and 25 September 2014. The completed QIP's for both inspections were returned and approved by the inspector.

5.2 Review of Requirement from the last announced care Inspection on 26 November 2014.

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|--|--------------------------|
| <p>Requirement 1</p> <p>Ref: Regulation 14(a)(b)(e)</p> <p>Regulation 15(5)(a)(b)(c)</p> <p>Regulation 16(4)</p> | <p>The registering manager is required to ensure the processes for service user and staff quality monitoring are compliant with the agency policy and procedure timeframes.</p> <p>(Minimum standard 13.2)</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of service user and staff quality monitoring across three locality areas evidenced compliance with the agency policy timeframes.</p> <p>Service users receive one quality monitoring visit per year together with the annual quality survey and this was confirmed within three service users records across three different locality areas.</p> <p>Staff quality monitoring/spot checks take place once annually together with one supervision and an annual appraisal. Review of three staff files across three locality areas confirmed compliance with the agency procedure.</p> | <p>Met</p> |

5.3 Review of Requirements and Recommendations from the last unannounced care Inspection on 15 and 25 September 2014.

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|---|--|--------------------------|
| <p>Requirement 1</p> <p>Ref: Regulation 14(a)(b)(e)</p> <p>Regulation</p> | <p>The registering manager is required to revise and implement the policies, procedures and processes for staff quality monitoring.</p> <p>(Minimum standard 13.2)</p> | <p>Met</p> |

| | | |
|---|--|------------|
| <p>15(5)(a)(b)(c)</p> <p>Regulation 16(4)</p> | <p>Action taken as confirmed during the inspection:</p> <p>As detailed under requirement one above, staff quality monitoring was reviewed as compliant in accordance with the agency the policy for staff quality monitoring dated September 2015.</p> | |
| <p>Requirement 2</p> <p>Ref: Regulation 11(1) Regulation 11(3)</p> | <p>The registering manager is required to ensure all training records and associated competency records for management staff are compliant with Regulation 11(1)Regulation 11(3), Standards 8.17, 12.6 and the RQIA mandatory training guidelines (2012) and include management training in the areas of supervision and appraisal in accordance with standard 13.1.</p> <p>Action taken as confirmed during the inspection: Records reviewed for three domiciliary area managers across three locality areas were found to be compliant with mandatory training guidelines and included staff supervision and appraisal training and competency assessments.</p> | Met |
| <p>Requirement 3</p> <p>Ref: Regulation 21(1)(2) Regulation 15(6)</p> | <p>The registering manager is required to ensure all service user records are maintained in compliance with Regulation 21(1)(2) and standards 5.2 and 5.6. including records relating to service users monies in compliance with Regulation 15(6) and standard 8.14.</p> <p>Action taken as confirmed during the inspection: Records reviewed for three service users across locality areas were found to be compliant with standards 5.2 and 5.6.</p> | Met |
| <p>Requirement 4</p> <p>Ref: Regulation 21 and Schedule 4</p> | <p>The registering manager is required to ensure the trust recruitment policy and procedure is compliant with Regulation 21, Schedule 4 and Standard 11.1.</p> <p>Action taken as confirmed during the inspection:</p> <p>Information provided to the inspector by the Trust HR department confirmed the policy and procedure is compliant with Regulation 21, Schedule 4 and Standard 11.1.</p> | Met |

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| Requirement 5 Ref: Regulation 13 and Schedule 3 | The registering manager is required to ensure the trust recruitment procedures are compliant with Regulation 13, Schedule 3 and Standard 11.2. | Met |
| | Action taken as confirmed during the inspection Information provided to the inspector by the Trust HR department confirmed the recruitment procedures are compliant with Regulation 13, Schedule 3 and Standard 11.2. The agency have not recruited new staff for several years therefore staff recruitment records were not reviewed during the inspection. | |

| Previous Inspection Recommendations | | Validation of Compliance |
|--|--|--------------------------|
| Recommendation 1 Ref: Standards 13.2, 13.3 and 13.5 | The registered person is recommended to ensure all managers supervisions are up to date and compliant with the agency policy and procedure timeframes. | Met |
| | Action taken as confirmed during the inspection: Review of the acting manager and three domiciliary area managers supervision records were found to be compliant with standard 13.3. | |
| Recommendation 2 Ref: Standards 13.2, 13.3 and 13.5 | The registering manager is recommended to ensure all management staffs supervisions are up to date and compliant with the agency policy and procedure timeframes. | Met |
| | Action taken as confirmed during the inspection: As detailed under recommendation one above. | |

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?

Service user referral information received from HSC Trust commissioners contained a good level of information regarding service user and/or representative's views. The referrals detailed a care plan and risk assessment alongside a range of multi-disciplinary assessments as appropriate. The care plans completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. Service user guides and agreements had been provided to service users and were

signed by service users or their relative. The acting manager and domiciliary area managers confirmed that due to current low levels of area managers initial visits to service users are not taking place within the specified timeframes. A recommendation has been made in this regard.

There were mixed results regarding service users being introduced to new carers by a regular member of staff or advised of their names; this was felt would be important both in terms of the service user's security and the carer's knowledge of the required care. Discussion with acting manager and three domiciliary area managers confirmed initial visits to service users was currently delayed due to staffing levels and that there was room for improved communication in respect of staff introductions to service users. A recommendation has been made in this regard.

The documentation relating to three service users was reviewed by the inspector during the inspection. The files reviewed contained a copy of the service user's care plan and log sheets were being completed appropriately by carers.

Is care effective?

The UCO was informed by the majority of the people interviewed that they had not made any complaints regarding the service, however all are aware of whom they should contact if any issues arise. Two complaints had been made regarding communication and staff attitude; both have been addressed to the complainants' satisfaction.

The majority of the people interviewed were unable to confirm that they had received questionnaires from the agency to obtain their views of the service or that observation of staff practice had taken place in their home. However it was good to note that management visits and telephone calls are taking place to discuss the care being provided by the agency.

Review of staff quality monitoring during inspection confirmed an appropriate process and timeframes for staff observations. Evidence of the annual quality report for 2015 was reviewed during inspection. The report does not currently include staff and commissioners and this has been recommended. Service user quality visits and contacts were confirmed during inspection for three service users and had taken place in line with the confirmed timeframes.

The agency had received a number of complaints since the previous inspection. Review of three complaints records supported an appropriate procedure for complaints review and resolution.

The compliments records from two service users' relatives and one trust professional reviewed during inspection contained positive feedback regarding the care provided to service users as detailed below:

'XXX and I will always remember all of you. The kindness, caring and encouragement you have shown. Wishing you good health, peace and happiness' (Relative)

'To a wonderful caring team, you are amazing!' (Relative)

'I have been out to review the needs of XXX, she reports excellent quality of care' Please ensure staff are informed of clients great satisfaction (Trust professional).

The agency has monthly monitoring reports completed by another service manager from across the trust (either a day-care or residential manager). The inspector reviewed three such reports and found reports to be lacking in consistency and follow up on matters from previous months due to the variance in managers completing the report. The reports do not currently reference action regarding missed or late calls, one visit had been completed via telephone and there is no evidence that the reports are reviewed by an appropriate line manager for the service. A recommendation has been made in this respect.

Communication records viewed in the agency office evidenced how feedback was received and shared with staff as necessary in respect of changes to service users' needs.

Three staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed how processes such as staff meetings, daily contact with the domiciliary area managers and office administrators share ongoing changes to service user's needs and evidence of these processes were reviewed during the inspection day. Additional staff training is offered as required to ensure staff are appropriately knowledgeable in service users' specific needs. One staff questionnaire received suggested staff training could be improved in the area of service users mental health needs and this was shared with the manager post inspection.

Is care compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from South Eastern Trust's homecare service. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. 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. Examples of some of the comments made by service users or their relatives are listed below:

- "They're great; couldn't do without them."
- "Couldn't say anything bad about them."
- "No problems whatsoever."
- "Gives me peace of mind to know that the carers will ring if anything is wrong."
- "Never had reason to complain."
- "Carers are very good but communication in the office could be better."

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included working with service users with limited mobility and eyesight.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, telephone calls or questionnaires from the agency.

Staff interviewed confirmed that service users' views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users' particular needs especially in cases where conditions such as dementia, alcohol related conditions and diabetes pre-sent.

Staff discussed several service users with communication difficulties and how they communicate through hand and facial gestures to meet the service users' individual needs. One staff questionnaire return highlighted that more timely follow up to service users by other nursing professionals may assist in matters being resolved at an earlier time. This feedback was shared with the agency manager for review.

Areas for Improvement

The agency is recommended to review monthly monitoring reports to ensure appropriate governance arrangements and consistent follow up to all matters arising including review of missed or late calls. Annual quality reports are recommended to include all stakeholders and visits to service users at service commencement have been recommended in accordance with standard 4.1 timeframes.

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| Number of Requirements: | 0 | Number of Recommendations: | 4 |
|--------------------------------|----------|-----------------------------------|----------|

5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed and late calls. The agency have a policy and procedure for management of missed calls and this was reviewed as appropriate during inspection. The agency has had a range of missed call in recent months. Review of records during inspection confirmed good communication with service users and staff in both cases. Communications with the referring HSC Trust commissioners was not available for review during inspection regarding three randomly selected missed call records and this was recommended ongoing. Review of staff rota's during inspection for two staff member/service users/locality area reflected a process for allocating the staff numbers to service user calls however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. One relative advised of a small number of missed calls from the agency.

The acting manager confirmed that missed or late calls would occur at times in the service due to the size of the service. Evidence of three randomly selected missed calls as referenced in the above section where appropriately managed with exception to communication to trust commissioners. A recommendation has been made regarding such future communications.

Procedures in place for staff quality monitoring were reviewed during inspection. Disciplinary processes were discussed during inspection but have not been implemented as the agency has not had repeated missed calls by the same staff members. Follow up with staff takes place during staff meetings/team briefs and the inspector reviewed evidence of meetings minutes for three occasions across locality areas.

Monthly monitoring reports completed by a range of other trust service managers were reviewed but do not currently reference missed or late calls, this matter was discussed with the acting manager during inspection and a recommendation has been made in the QIP.

Staff interviewed on the day of inspection confirmed that they felt supported by management staff and demonstrated a clear understanding of their reporting processes if running late for next service user visit.

Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the UCO highlighted service quality to be good with appropriately trained and skilled staff who delivered compassionate care. Where issues arise service users described appropriate communication processes in order to keep them informed.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes were calls are missed or delayed.

Areas for Improvement

The agency has met the required standards in respect of theme two with exception to communication with trust commissioners when service user calls are late or missed.

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| Number of Requirements: | 0 | Number of Recommendations: | 1 |
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5.4 Additional Areas Examined

The inspector reviewed two incidents which are currently ongoing with the agency. Both matters will be notified to RQIA upon closure.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the acting manager Lynn McQuillan and three domiciliary area managers 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.

6.1 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.

6.2 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.

6.3 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 | |
|---|---|
| Recommendations | |
| <p>Recommendation 1</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be Completed by: Commenced with immediate effect and to be fully met for all new service users by 23 February 2016</p> | <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> <p>As discussed within theme one (Is care safe).</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Each new service user will receive a written individual service user agreement within 5 working days of the commencement of their service. This was agreed at a Domiciliary Area Managers Meeting tabled on 15.12.15 and will be effective for all new service users by 23.2.16</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 3.5</p> <p>Stated: First time</p> <p>To be Completed by: Commenced with immediate effect from the date of inspection</p> | <p>The service user is informed of the names of the staff coming to his or her home prior to the service commencing.</p> <p>As discussed within theme one (Is care safe).</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Each service user will be informed by the referrer of the names of their Domiciliary Care Worker/s prior to their service commencing. The referrer will meet with the service user prior to their service commencing to sign off their care plan and at that stage discuss the names of the Domiciliary Care Workers. Domiciliary Area Managers will ask all referrers to ensure they convey names and Domiciliary Area Managers will evidence this by e-mail as from 17.12.15</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be Completed by: 23 February 2016</p> | <p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>As discussed within theme one (Is care effective).</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Key stakeholders will be involved in the evaluation process. An audit has been arranged for January 2016 and the outcomes gathered will be recorded and reported in the Domiciliary Annual Report 2016. This audit will be completed by 23.2.16</p> |
| <p>Recommendation 4</p> <p>Ref: Standard 8.11</p> | <p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. The report summarises any views of service users</p> |

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| Stated: First time To be Completed by: 23 December 2015 | and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards. As discussed within theme one and two (Is care effective). | | |
| | Response by Registered Person(s) Detailing the Actions Taken: All managers with a responsibility for monitoring domiciliary care services have been advised to monitor and to record late/missed calls. They have also been advised that visits must be held at the work site, not by phone and to check actions taken to reduce instances of missed calls | | |
| Recommendation 5 Ref: Standard 5.4 Stated: First time To be Completed by: Immediate and ongoing from the date of inspection | The agency reports any changes in the service users' situation and issues relevant to the health and well-being of the service user to the referring HSC Trust, and keeps a record of such reports. As discussed within theme two (Is care safe). | | |
| | Response by Registered Person(s) Detailing the Actions Taken: All communication with keyworkers will be recorded on Contact Records and kept in the client's file | | |
| Registered Manager Completing QIP | Lynn McQuillan | Date Completed | 17.12.15 |
| Registered Person Approving QIP | Hugh McCaughey | Date Approved | 18.12.15 |
| RQIA Inspector Assessing Response | A.Jackson | Date Approved | 11/01/16 |

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