

# Unannounced Inspection Report 29 November 2016



## Domiciliary Care Services (North Down & Ards)

Type of service: Domiciliary Care Agency  
Address: 10 Church Street, Newtownards, BT23 4AL  
Tel no: 02891510268  
Inspector: Michele Kelly

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Domiciliary Care Services (North Down & Ards) took place on 29 November from 10:00 to 15:30 hours.

The inspection sought to assess progress with any issues raised 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.

### Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. The agency operates a staff recruitment system and induction training programme which aims to ensure a sufficient supply of appropriately trained care staff at all times.

Three areas for quality improvement were identified;

- Ensure sufficient staff at area manager level
- Ensure initial visits in service users homes are made prior to the service user receiving the service or within two working days of service commencement
- Ensure each service user is provided with a written individual service agreement before commencement of the service or within five working days of such commencement.

### Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of rehabilitation and support plans.

No areas for quality improvement were identified.

### Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified.

### Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

One area for quality improvement was identified and refers to agency's systems of quality monitoring which have not been implemented consistently in line with regulations and standards.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jane Lindsay, Registered 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.

### 1.2 Actions/enforcement taken following the most recent care inspection.

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 23 November 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> South Eastern HSC Trust/Mr Hugh Henry McCaughey	<b>Registered manager:</b> Miss Jane Esther Frances Lindsay
<b>Person in charge of the service at the time of inspection:</b> Miss Jane Esther Frances Lindsay	<b>Date manager registered:</b> 26 February 2015

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events received by RQIA from the agency since the last inspection
- Record of complaints notified to the agency.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and six relatives by telephone on 28 November 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals.

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

- Discussion with the registered manager
- Consultation with care staff
- Examination of records, file audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Induction records
- Supervision and appraisal policy and procedure
- Staff duty rota information
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure(Procedure regarding recording and reporting care practices)
- Procedure regarding listening and responding to service users' views
- Five service user records regarding referral, assessment, care planning and review
- Five service users' quality monitoring records
- Record keeping policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose (June 2015)
- Monthly monitoring reports completed by the registered provider
- Three staff meeting minutes
- Complaints policy and procedure
- Two complaint records
- Incident records
- Four staff training, monitoring and supervision records.

During the inspection the inspector met with eight domiciliary care workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with 10 questionnaires to distribute to staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. There were nine completed staff questionnaires returned to RQIA and findings from these are included in the body of this report.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 23 November 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 23 November 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 4.1 <b>Stated:</b> First time	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.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed by the inspector and discussions with area managers confirmed that visits to provide service users with an individual service agreement are frequently delayed for more than five working days following service commencement. This standard has not been met and this recommendation has been restated.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 3.5 <b>Stated:</b> First time	The service user is informed of the names of the staff coming to his or her home prior to the service commencing.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector was shown evidence of the processes followed to ensure service users are informed of the names of the staff coming to their home. These processes include area managers telephoning service users and/or their representatives to inform them of staff name or contact referrers by email to inform them of staff names.	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> First time</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><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The annual report for 2016 has not been fully completed as the registered manager had a period of secondment. The registered manager outlined strategies to ensure that views of stakeholders will be included in the 2016 report.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 8.11</p> <p><b>Stated:</b> First time</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 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.</p>	<p><b>Not Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector noted that some monthly monitoring reports were not available or were incomplete. It was confirmed that visits had not been completed in May, July August or October 2016. This recommendation will be stated as a requirement in the quality improvement plan.</p>		
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 5.4</p> <p><b>Stated:</b> First time</p>	<p>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.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed evidence which demonstrated that the agency communicate with trust commissioners when service user calls are late or missed.</p>		

#### 4.3 Is care safe?

A range of policies and procedures was reviewed relating to staff selection, recruitment and induction training and found to be in compliance with relevant regulations and standards.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Feedback from staff indicated that insufficient numbers of staff are available to meet the needs of service users at the commencement of service delivery; senior staff confirmed that initial visits are currently delayed because of staffing numbers at area manager level.

Comments included;

“There is not enough time for area managers to get out and do initial visits with new service users due to administration tasks”.

“There is less time for area managers to monitor and supervise staff directly on the ground”.

The inspector viewed records which confirmed significant delays in initial visits to service users by area managers. A requirement and a recommendation are made and a recommendation restated in respect of these matters.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with regulations. The inspector viewed two induction records which confirmed that the induction process followed the organisation’s procedures.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users has been attended by staff.

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of vulnerable adults. Safeguarding training provided by the South Eastern HSC Trust includes the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015.

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

Each of the care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by the South Eastern HSC Trust’s homecare service. There were mixed results regarding new carers having been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user’s security and that the new carer had knowledge of the required care.

No issues regarding the carers’ training were raised with the UCO by the service users or relatives; examples given included manual handling and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t say anything bad.”
- “Lovely people.”

- “Absolutely brilliant.”

The inspector examined the agency’s arrangements to identify and manage risk. The inspector viewed referral and review arrangements with the HSC Trust which included minutes of multidisciplinary meetings, HSC professional assessments, and updated risk assessments and care plans.

Nine completed questionnaires were returned to RQIA from staff. Respondents were satisfied with this aspect of care.

### Areas for improvement

Three areas for quality improvement were identified concerning:

- Ensuring sufficient staff at area manager level.
- Ensuring initial visits in service users homes are made prior to the service user receiving the service or within two working days of service commencement.
- Ensuring each service user is provided with a written individual service agreement before commencement of the service or within five working days of such commencement.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	2
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#### 4.4 Is care effective?

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision, including the use of restrictive interventions, is laid out in the Statement of Purpose (2015) and Service User Guide (2015)

The inspector reviewed the agency’s procedure on ‘management of missed calls’ which provided clear guidance for staff; the registered manager confirmed that there had been some missed calls to service users during 2016. Records evidenced that these matters had been appropriately managed and addressed with the relevant area managers and care workers, and learning shared with staff to avoid recurrence.

Staff interviewed on the day of inspection confidently discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed. Staff meeting minutes reviewed during inspection also supported this topic area being discussed. Staff also described the action to be taken in the event of being unable to gain access to a service user’s home.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers’ timekeeping or that care has been rushed. One relative advised that they had experienced one missed call from the agency. There were mixed results regarding new carers having been introduced to the service user by a regular member of staff however new carers were aware of the care required. The inspector was shown evidence of the processes followed to ensure service users are informed of the names of the staff coming to their home. These processes include area managers telephoning service users and/or their representatives to inform them of staff name or contact referrers by email to inform them of staff names.

No issues regarding communication between the service users, relatives and staff from the South Eastern HSC Trust's homecare service were raised with the UCO. The service users and relatives advised that home visits have taken place and they have received a questionnaire from the agency 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 working very well".
- "The consistency is great".
- "Really appreciate the help"

Service user records evidenced that the agency carried out monitoring visits with service users regularly. Service user files also contained evidence of communications between the agency and trust care managers where changing needs were identified and reassessments resulted in amended care plans.

Staff supervision processes were reviewed for four staff members and found to be in compliance with the agency's policy timeframes.

Care workers interviewed during the inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Care workers described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Nine completed questionnaires were returned to RQIA from staff. Respondents were satisfied with this aspect of care.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

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, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits or questionnaires to ensure satisfaction with the care that has been provided by the South Eastern HSC Trust's homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- "They treat my XXX very well".
- "XXX is very fond of them".
- "They're very attentive".

Records viewed in the agency office and discussions with staff confirmed that observation of staff practice was carried out within service users' homes on an ongoing basis. Records

reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency's policy.

Examples of the comments included on returned questionnaires are detailed below:

- "Care is very responsive and flexible to meet service users' needs".
- "Care staff do an excellent job and deal with some very difficult issues".

Nine completed questionnaires were returned to RQIA from staff. Respondents were satisfied with this aspect of care.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

Discussion with the registered manager, area manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities. Written communications with trust professionals/commissioners was viewed during inspection and supported an open and transparent communication system between the agency and the commissioning HSCT professionals.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Review of complaints during inspection evidenced that appropriate procedures for recording and investigating issues raised are in place. Records were held in a central log and the inspector was satisfied that details of all communications with complainants were readily available. The inspector was informed by the area manager and registered manager about a complaint which continues to be investigated. Discussion with the registered person and area manager indicated that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector requested the monthly monitoring reports for the previous six months. The inspector noted that some monthly monitoring reports were not available or were incomplete. It was confirmed that visits had not been completed in May, July August or October 2016. A recommendation regarding monthly monitoring had been previously stated and this matter will be restated as a requirement. The registered person is also required to submit monitoring reports to RQIA until further notice.

The eight care staff interviewed indicated that they felt supported by senior staff. They described senior staff as always available to discuss matters either in person or via the telephone. Staff also discussed quality monitoring, supervision, team meetings, annual

appraisal and training processes as important strategies in ensuring optimum care is provided to service users.

Nine completed questionnaires were returned to RQIA from staff. Respondents were satisfied with this aspect of care.

### Areas for improvement

One area for improvement was identified during the inspection in regard to ensuring monthly monitoring procedures are undertaken in accordance with Regulation 23(2) and (3).

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jane Lindsay, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the domiciliary care 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

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

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

**Requirement 1**

**Ref:** Regulation 23(2)(3)

**Stated:** First time

**To be completed by:** Immediate and ongoing

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 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-

- (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-
  - (i) what services to offer them, and
  - (ii) the manner in which such services are to be provided; and 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

(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.

**Response by registered provider detailing the actions taken:**  
 Arrangements for completion of Provider visits have changed from January 2017. A new manager has been scheduled to conduct the monthly visits. A copy of each report will be forwarded following each visit

**Requirement 2**

**Ref:** Regulation 16.- (1)(a)

**Stated:** First time

**To be completed by:** 29 February 2017

The registered provider must ensure that:

- (a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency.

**Response by registered provider detailing the actions taken:**  
 A workforce review will take place to ensure appropriate numbers and skill of staff to fulfill service requirements.

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing</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><b>Response by registered provider detailing the actions taken:</b> The workforce review will consider numbers and skill of staff to meet this service requirement</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 3.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<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"> <li>• ensures that the service user has the information about the agency specified in Standard 2</li> <li>• confirms that the assessment information is correct and the care plan feasible</li> <li>• checks and revises if necessary , the risk assessments received</li> <li>• 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.</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b> The workforce review will consider the numbers and skill of staff to ensure this standard is met</p>

*\*Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address\**



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews