

# Unannounced Care Inspection Report 3 July 2017



## Western Health & Social Care Trust Home Care Department Spruce Villa

Type of Service: Domiciliary Care Agency  
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Tel No: 02871 864385

Inspector: Caroline Rix  
User Consultation Officer: Clair McConnell

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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 provided by the Western Health and Social Care Trust (HSC Trust) in the Londonderry area is known as the Homecare Department Spruce Villa and the registered manager is Mr Martin McGeady. The homecare services manager has day-to-day management responsibility for the office at the Spruce Villa, Londonderry.

Homecare Services are currently being provided to 594 service users in their own homes by a team of 305 staff. These service users have been assessed as needing assistance due to their mental health care needs, physical disability and learning disability and to older people. The range of services includes personal care, practical and social care support.

The agency also provides a reablement homecare service in partnership with the Occupational Therapy (OT) department. This short term programme helps people relearn essential skills and regain independence to enable them to continue to remain at home.

### 3.0 Service details

<b>Registered organization/registered provider:</b> Western Health and Social Care Trust/Elaine Way	<b>Registered manager:</b> Martin Edward McGeady
<b>Person in charge of the agency at the time of inspection:</b> Martin McGeady	<b>Date manager registered:</b> 8 June 2011

### 4.0 Inspection summary

An unannounced inspection took place on 6 July 2017 from 09.30 to 16.00 hours.

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 service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff on inspection.

Service users spoken with by the UCO, provided very positive feedback regarding the service provided by Western Health and Social Care Trust Spruce Villa in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and complimented and have been detailed within the body of this report. All the staff spoken with during inspection provided positive feedback in terms of their work within the agency.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the registered manager Martin McGeady, and the training and development officer, 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.

## 5.0 How we inspect

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

- Discussion with the registered manager and the training and development officer
- Examination of records
- Consultation with staff
- Evaluation and feedback

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

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

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

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and six relatives, by telephone, on 26 June 2017, to obtain their views of the service. The service users interviewed receive assistance with medication, meal provision or personal care; either as part of ongoing support or short term following discharge from hospital. Information obtained is included within each section of this report.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Recruitment Policy
- Induction Policy
- Training and Development Plan
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing policy
- Confidential Reporting Policy
- Statement of Purpose
- Service User Guide.

On the day of inspection the inspector met with four 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 randomly selected staff members for their completion. The inspector’s questionnaires asked for staff views regarding the service, and requested their return to RQIA. Six completed questionnaires were returned to RQIA and findings are included within the body of this report.

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 25 July 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 25 July 2016**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 15.4 <b>Stated:</b> First time	The registered person should review their complaints procedure to include the contact details of the Northern Ireland Public Services Ombudsman and provide this revised information to all service users.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed their revised complaints procedure which had been updated to include the contact details of the Northern Ireland Public Services Ombudsman.	

	Records evidenced that this revised information had been shared with all service users.	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

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 Western Trust's homecare service. Service users are advised of the name of new carers by a regular carer; this was felt to be important in terms of the service user's security.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling, food preparation and application of medical stockings. All of the service users and relatives interviewed confirmed that they could approach the carers or office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "I'm nervous about showering following my accident; but the girls are like my security blanket."
- "No complaints at all."
- "XXX is very slow but the carers never rush."

The agency's staff recruitment process is managed by the organisation's human resources (HR) department. The inspector visited the HR department on 26 June 2017 and examined a sample of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there is robust recruitment systems in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes. The registered manager described the process for obtaining confirmation from their HR department that new staff is available to commence employment.

The registered manager explained that all domiciliary care staff is required to be registered with the Northern Ireland Social Care Council (NISCC); it was noted that a record is maintained by the agency which records registration details and expiry dates. Records confirmed that all staff are now registered with NISCC and a system has been introduced for monitoring registration status of staff, ensuring that staff will not be supplied for work if they are not appropriately registered.

An induction programme had been completed with each staff member that included competency assessments and subsequent supervision records were maintained. The review of this documentation for a sample of two care workers, clearly detailed the agency's structured system for induction training, supervision and competency assessment programme.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The organisation has named their Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

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

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

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Staff training records viewed for 2016/2017 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2017 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users' care needs including: dementia awareness, blind awareness and stoma care. Staff interviewed described the value of the additional training received in improving the quality of care they provided.

Staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment and induction, training, supervision and appraisal. Adult safeguarding had been appropriately managed and ongoing review of service user's care and support was evident.

Documentation viewed by the inspector indicated that there are robust recruitment systems in place and staff are provided with a comprehensive induction programme to ensure they have the skills and competency to meet service user's needs.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

The UCO was informed by 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. Service users are usually advised of the name of new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from the Western Trust's homecare service were raised with the UCO. Some of the service users and relatives were able to confirm that home visits, phone calls or questionnaires have been used to obtain their views on the service.

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

- "They're really good to XXX."
- "XXX is trying to be as independent as possible but the girls assist if needed."
- "They're all lovely. We couldn't cope without them."

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of four service user files viewed confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met. The registered manager explained that they are usually invited to attend or contribute in writing to the trust arranged care review meetings with service users/relatives. The registered manager confirmed they receive an amendment form from the trusts detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

Staff interviewed on the day of 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.

The agency's policies and procedures on 'record keeping' and 'data protection' were viewed and found to contain clear guidance for staff. The inspector reviewed a sample of completed daily log records returned from service users' homes.

These records confirmed an audit of recording practice had been carried out by senior staff, with appropriate action taken with individual staff where minor issues had been identified.

The registered manager confirmed ongoing discussion of records management during staff supervision meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs were identified.

Staff interviewed on the day of inspection demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home. Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

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, phone calls or questionnaires to ensure satisfaction with the care that has been provided by the Western Trust's homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- "They're extremely good girls. We're very fond of them."
- "XXX gets on very well with them and enjoys a laugh."
- "Very thoughtful. Extra calls were organised for XXX so I could attend a family event. I really appreciated that."

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users' needs.

Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users' homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The agency's compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and with teams. Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'How can we ever thank the girls for all they did for xxx? They were more than carers they were friends. What a difference you make in the world with the work that you do. We appreciate it all so much.' (Thank you card from relatives of a late service user).
- 'Thank you to the care workers who are all great, especially xxx, who is outstanding.' (Email from occupational therapist on behalf of a service user.).
- 'Thank you to the staff who are helpful, pleasant, kind and worked in a dignified manner. She looks forward every day to their arrival as they all have lovely smiles and a wee chat.' (Thank you card from the friend of a service user).

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

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 complaints had been made regarding the service or concerns raised regarding the management of the agency.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Discussion with the registered manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format and available in hard copy manuals. Staff described how they access the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services and the Northern Ireland Public Service Ombudsman.

The complaints log was viewed for the period 1 April 2016 to inspection date 6 July 2017 with a range of complaints recorded. The inspector reviewed a sample of three complaints records which supported appropriate management, review and resolution of two of these complaints. Records evidenced there is on-going liaison with the trust key worker and complainant in an effort to resolve the third complaint sampled.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

Monthly monitoring reports were viewed for March to May 2017. These reports evidenced that the designated person had been monitoring the quality of service provided in accordance with minimum standards. Each report contained a summary of staff and service user monitoring, compliments and complaints; and evidenced how any issues arising had been managed.

The annual quality review report for 2016/2017 viewed had been completed in May 2017 with a summary of feedback and an action plan. The views of service users, relatives, staff and commissioners of their service had been obtained and included in their report.

The registered manager confirmed that they plan to have shared their annual quality report summary with all service users and staff during September 2017.

The care workers interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

Staff questionnaires received by RQIA indicated that staffs are satisfied that the current staffing arrangements meet the service users' needs.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships with all key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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