

Unannounced Care Inspection Report 27 March 2017



MPA Home Care

Type of Service: Domiciliary Care Agency
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Tel No: 02871360070 or 07803 270883
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of MPA Home Care took place on 27 March 2017 from 09.40 to 14.40 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care 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 agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. Full information was retained within the records sampled of four domiciliary care workers. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust.

No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the requested needs of service users through their review of care processes. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with supported living service providers.

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 and responding to the views and wishes of service providers. The agency had completed an annual quality review for 2016/2017, with a report of findings completed shared with service providers and staff.

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 providers were furnished 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 service providers regarding changes in service needs.

No areas for quality improvement were identified.

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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Kieran McLaughlin registered manager and the operations manager, 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.

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 11 November 2015.

2.0 Service details

Registered organisation/registered person: MPA Healthcare/Mary Pat O’Kane	Registered manager: Kieran Philip McLaughlin
Person in charge of the service at the time of inspection: Kieran Philip McLaughlin	Date manager registered: 15 October 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016

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

- Discussion with the registered manager and operations manager
- Consultation with two staff
- Examination of records
- File audits
- Evaluation and feedback

On the day of inspection the inspector met with two care staff 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 person/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 they requested their return to RQIA. One completed staff questionnaire was returned to RQIA. The content of the questionnaire is discussed in the main body of the report.

The following records were examined during the inspection:

- Agency referral procedure and records
- Quality monitoring contacts
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff Newsletters from April 2015 to February 2017
- Client Newsletters from summer 2016 to January 2017
- Complaints log and records
- Monthly monitoring reports for December 2016 to February 2017
- Annual quality report 2016
- The agency’s Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, confidentiality, incident notification, management of complaints
- Record of incidents reportable to RQIA in 2016/2017

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 11 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 3.3 Stated: Second time	It is recommended that the registered person develops a care plan template in accordance with the standard.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the care plan template developed which contained relevant sections in line with the minimum standard.	

4.2 Is care safe?

The inspector was advised that MPA Homecare have an arrangement with a number of registered care providers whereby MPA Homecare supply domiciliary care staff to work in the homes of service users who are in receipt of a supported living service.

The agency currently employs 123 domiciliary care workers who are provided into 38 service provider facilities.

Four files were sampled for review relating to recruitment and appointment of domiciliary care workers. The registered manager verified all the pre-employment information and documents had been obtained as required. Review of the four records during inspection confirmed compliance with Regulation 13 and Schedule 3. The two staff members interviewed during inspection described their recruitment and induction training processes in line with those found within the agency procedures and records.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Review of each staff file indicated the agency induction process included a competency assessment carried out and signed off by the trainer.

The agency registered manager confirming support had been provided to assist staff in meeting their NISCC registration requirement by 31 March 2017. Records evidenced that all staff had completed their application process, however NISCC had emailed the agency to explain that due to the volume of applications being processing, the issue of certificates would be delayed from NISCC.

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Adult Safeguarding policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Both of the 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.

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.

The staff questionnaire received indicated they were satisfied that service users were safe and protected from harm.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

Information relating to the nature and range of services provided was detailed within the agency's Statement of Purpose and Service User Guide.

Service referral records viewed contained relevant information completed by the commissioning provider agency regarding service needs. The referrals detailed the services being commissioned and included relevant assessments and risk assessments as necessary. The services requested are reviewed by the agency and staff are allocated to provide the requested services.

The service user guide issued to service providers at commencement of the placement includes details regarding their complaints procedure along with a variety of information in line with regulations and standards.

It was noted that service providers were requested to complete satisfaction surveys; the agency maintained a record of compliments and complaints. The operations manager confirmed that service users were informed of the process for contacting the agency to discuss any issues in relation to the competency of staff provided.

Records evidenced that the agency carried out ongoing reviews with service providers regarding their placement of staff.

The agency's management of records policy outlined the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records reviewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The inspector identified that the agency monitored the effectiveness and quality of care provided to service users monthly which included a review of training, complaints, incidents and safeguarding referrals.

The agency's supervision and appraisal policy detailed the procedure for staff supervision and appraisal. It was noted that systems in place recorded the date of completion and the planned date of subsequent appraisals. The inspector viewed records of staff supervision and appraisal maintained by the agency.

Staff interviewed confirmed ongoing quality monitoring is completed by their manager to ensure effective service delivery. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

The staff questionnaire received indicated they were satisfied that care provided was effective.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

The inspector viewed the agency’s electronic system for recording training completed and in addition for highlighting when training updates are required. Training, including mandatory and other service specific development training was being provided as required.

The agency had systems in place to monitor the performance of staff; these included training updates, feedback from service providers, supervision twice yearly and annual appraisal.

From the records reviewed by the inspector no staff practice issues were identified for improvement. It was good to note positive comments from service providers had been recorded on their monitoring records.

Compliments reviewed during inspection taken from the annual quality report provided the following information in support of compassionate care:

- ‘The service is very professional and efficient.’
- ‘The staff member is a great addition to our team.’

The staff interviewed indicated that they felt supported by senior staff that they described as approachable and helpful.

The staff questionnaire received indicated they were satisfied that care was compassionate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The agency’s RQIA registration certificate was up to date and displayed appropriately. The registered manager, Kieran McLaughlin, the operations manager; four branch managers; and recruitment consultants, manage their teams of care workers.

The Statement of Purpose and Service Users’ Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. The organisational structure flow chart was in place. Discussion with the registered person, operations manager and the care workers interviewed indicated they understood the organisational structure within the agency and their roles and responsibilities.

The policy and procedure manual was reviewed. Staff confirmed that they had access to the agency’s policies and procedures.

The arrangements for policies and procedures to be reviewed, at least two yearly, was found to be in place with all of the policies sampled reviewed since July 2015.

The agency's complaints procedure was reviewed and updated on the day of inspection to ensure it is in line with regulations and standards and now includes the recently changed contact details of the Northern Ireland Public Services Ombudsman.

The complaints log was viewed for the period 1 April 2015 to inspection date 27 March 2017 with a range of complaints recorded. The inspector reviewed a sample of two complaints records which supported appropriate management, review and resolution of each complaint. Discussion with the registered person/manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken with staff on receipt of incident reports.

The inspector reviewed the monthly monitoring reports for December 2016 to February 2017. These reports evidenced that the responsible person had been monitoring the quality of service provided and were found to be appropriately detailed in accordance with minimum standards.

The agency had completed their annual quality review for 2016/2017, with a report of findings completed and shared with service providers and staff.

The staff questionnaire received indicated they were satisfied that the service was well managed.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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