

Announced Care Inspection Report 26 February 2018



MPA Home Care

Type of Service: Domiciliary Care Agency
Address: 18 Great James Street, Londonderry BT48 7DA
Tel No: 02871360070 or 07803 270883
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

MPA Home Care is an employment agency based in Londonderry. The agency supply care workers into a variety of supported living type domiciliary care organisations. The agency operates throughout Northern Ireland, with services commissioned by all five Health and Social Care Trusts and some private organisations.

3.0 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

4.0 Inspection summary

An announced inspection took place on 26 February 2018 from 09.45 to 14.15 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 since the last care inspection.

Evidence of good practice was found in relation to staff recruitment and training records, quality reviews, communication between service users and agency staff and other key stakeholders. The staff spoken with during inspection provided valuable 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
Total number of areas for improvement	0	0

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

4.2 Action/enforcement taken following the most recent care inspection dated 27 March 2017

No further actions were required to be taken following the most recent inspection on 27 March 2017.

5.0 How we inspect

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2016/2017

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

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

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

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, training, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting
- Statement of purpose
- Service user guide
- Service user' records regarding ongoing review, and quality monitoring
- Two staff members recruitment and induction records
- Two long term staffs' supervision and appraisal records
- Staff training records
- NISCC registration and renewal of registration processes
- Staff newsletters for October 2017 and January 2018
- Monthly monitoring reports for December 2017 and January 2018
- Annual quality report for summer 2017
- Communication records with service providers/other professionals
- Complaints log
- A range of notification and incident records
- A range of compliments records

The findings of the inspection were provided to the registered manager and the operations manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 March 2017

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

6.2 Review of areas for improvement from the last care inspection dated 27 March 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency maintains a database of staff information which highlights when staff are next due training, appraisal and NISCC updates. The monthly report compiled by the operations manager reviews compliance against each area of the matrix and where necessary highlights any required actions.

The agency has in place a comprehensive recruitment policy and procedure; this was updated November 2017. Records viewed and discussions with the manager indicated that all pre-employment information has been satisfactorily completed and verified.

The induction programme for care workers was viewed, which included a detailed induction programme and support mechanisms in place.

The inspector reviewed the agency's training plan and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users.

The agency has a system of requiring staff to complete competency assessments subsequent to key training events, to ensure that learning objectives have been met, and to identify future learning needs.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered

with The Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staffs are due to renew registration.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' policy and procedure provided clear 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 details of the agency's Adult Safeguarding champion with key responsibilities are detailed in their procedure.

The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's procedure. 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 whistleblowing policy and procedure was found to be satisfactory. Staff demonstrated a clear understanding of the whistleblowing procedure.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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 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. The agency had received two complaints since the previous inspection. Records reviewed evidenced that each matter had been appropriately managed with the staff involved and resolved.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

Records evidenced that the agency carried out ongoing reviews with service providers regarding their placement of staff. The inspector viewed evidence of effective communication with service providers, including a complaints process and quality monitoring reports.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service providers, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The 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.

Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Compliments reviewed during inspection taken from the returned customer satisfaction surveys and annual quality report provided the following information in support of compassionate care:

- 'Xxx has been a fantastic addition to our staff team. Xxx has established a great working relationship with our service user, showing great enthusiasm with supporting them in various aspects of their lives.'
- 'Xxx has a very positive impact on the staff and service users she supports. She is very honest and empathetic and I hope we will continue to use her on our rota.'
- 'The quality of staff is outstanding. All care workers come with very good values and are motivated to provide a high standard of care.'

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the views of service providers.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The agency's RQIA registration certificate was up to date and displayed appropriately.

The registered manager, Kieran McLaughlin, the operations manager; five branch managers; and recruitment consultants, manage their teams of care workers. The staff spoken with indicated they understood the organisational structure within the agency and their roles and responsibilities. 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.

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. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service provider records were retained securely and in an organised manner.

The agency maintains and implements a policy relating to complaints and compliments. The agency had received two complaints since the previous inspection. The inspector reviewed each of the complaints records which supported good recording and procedures in place with appropriate management, review and resolution of the complaints.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There were two incidents notified to RQIA which had been received in line with the required timescale. The inspector was satisfied that all appropriate measures are in place, in conjunction with other relevant professionals, to ensure the safety of service users. Comprehensive records had been maintained in respect of these matters.

Monthly monitoring reports were viewed for December 2017 and January 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is being completed. Each report contained a summary of service providers and staff

monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed.

The inspector examined the annual quality review report of service users and staff satisfaction completed for 2017. This report reflected a high level of satisfaction regarding the care staff and services provided and the manner in which staff treat service users along with action points. This report was confirmed as appropriately detailed and had been shared with service providers and staff in November 2017.

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 April 2016.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



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