

Unannounced Care Inspection Report 30 July 2018



MPA Home Care

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

www.rqia.org.uk

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 a domiciliary care 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

Organisation/Registered Provider: MPA Healthcare Responsible Individual: Mrs Mary Pat O’Kane	Registered Manager: Mr Kieran Philip McLaughlin
Person in charge at the time of inspection: Kieran Philip McLaughlin	Date manager registered: 15/10/2015

4.0 Inspection summary

An unannounced inspection took place on 30 July 2018 from 09.30 to 13.30.

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

The inspection determined 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 staff recruitment and training, 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 26 February 2018

No further actions were required to be taken following the most recent inspection on 26 February 2018.

5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2017/2018
- All communications with RQIA.

During the inspection the inspector spoke with the registered manager, operations manager and a care worker. Their feedback has been included throughout this report.

The inspector requested that the manager place a ‘Have we missed you’ card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was also asked to display a staff 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 feedback from staff was received by RQIA at the time of writing this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Four staff recruitment records
- Two staff induction records
- Four staff supervision records
- Two staff appraisal records
- Four staff training records
- Staff training matrix
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Service users’ records regarding feedback, reviews and quality monitoring
- Four monthly monitoring reports.
- Client quality review for summer 2018
- Communication records with service providers and other professionals
- Staff newsletters for January 2018 and July 2018
- Complaints log and records
- Compliments log

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 February 2018

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

6.2 Review of areas for improvement from the last care inspection dated 26 February 2018

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 has in place a comprehensive recruitment policy and procedure; this was found to be in line with related regulations and standards. Records viewed and discussions with the manager indicated that all pre-employment information has been satisfactorily completed and verified.

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 or have applied to be registered with the Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staff are due to renew registration.

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

The agency maintains a database of staff information which highlights when staff are next due training, appraisal and NISCC registration renewal 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 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 for 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 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 (ASC) 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 a recent safeguarding concern was being 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.

A staff member commented during the inspection:

- “This is a very good agency to work for; my training has been very good. I’ve asked for further medication training at my recent appraisal and this is being arranged.”

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.

The agency 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 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 no complaints since the previous inspection 26 February 2018.

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 the placement of staff.

Comments reviewed during inspection taken from the returned employee feedback surveys provided the following information in support of effective care:

- ‘Xxx (care worker) is a pleasure to work with and is a valuable member of the team.’
- ‘Xxx (care worker) is pleasant and a pleasure to work with.’

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 the annual quality report provided the following information in support of compassionate care:

- ‘We are very pleased with the standard of care provided to our relative.’(feedback from a service user’s daughter)
- ‘Staff are exceptional and often go over and beyond to help the service users. They are helpful and have an excellent rapport with our service users. I praise the agency for providing consistency in the staff.’ (Feedback from a project manager).

One staff member commented during the inspection:

- “I enjoy building trust and relationships with service users and other staff. I believe the service users are treated with respect and feel that the agency also treat me with respect, I feel valued.”

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 individual 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.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained in line with General Data Protection Regulation (GDPR) introduced in May 2018.

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 no complaints since the previous inspection.

A review of incident report documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There had been one incident notified to RQIA since the previous inspection 26 February 2018 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 this matter.

Monthly monitoring reports were viewed for April to July 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 2017/2018. 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 recently shared with service providers and staff.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training enabled staff to engage with a diverse range of service users. Some of the areas of equality awareness identified during the inspection included: effective communication, advocacy, equal care and support and individual person centred care.

The agency does not collect equality data of service users such as; age, gender, disability, marital status as this is retained by the commissioning provider services.

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 three yearly, was found to be in place.

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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