

# Announced Care Inspection Report 19 September 2017



## Rutledge Recruitment & Training

**Type of Service: Domiciliary Care Agency**

**Address: 54 Scotch Street, Armagh BT61 7DF**

**Tel No: 02837 527766**

**Inspector: Michele Kelly**

**User Consultation Officer (UCO): 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**

Rutledge Recruitment & Training Ltd is a domiciliary care agency based in Armagh. The service provides care and support to 42 individuals living in their own homes. Services provided include personal care, medication support, meal provision and a sitting service.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Rutledge Recruitment & Training Ltd/Jonathan McNeill Doherty	<b>Registered manager:</b> Ashley Currie
<b>Person in charge of the service at the time of inspection:</b> Ashley Currie	<b>Date manager registered:</b> 5 June 2017

### 4.0 Inspection summary

An announced inspection of Rutledge Recruitment and Training took place on 19 September 2017 from 10.00 to 14:00 hours.

The inspection sought to assess progress with any issues raised during and since the last inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

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

Service users said the service was very reliable and consistent. Discussion with staff spoken with during inspection provided positive feedback in terms of their work within the agency.

The UCO also reviewed the agency's documentation relating to four service users.

#### Evidence of good practice was found in relation to:

- The knowledge and compassionate attitude demonstrated by the carers spoken to on the day of inspection
- The informative staff profiles prepared by the agency for service users and commissioners.
- Communication between agency staff and HSC Trust staff.

#### Areas requiring improvement were identified and relate to ensuring:

- Recruitment practices are in line with Regulation 13 and Schedule 3 regarding employee references.
- Stakeholder views are included in the annual report.

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>	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Ashley Currie, 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 6 February 2017.

No further actions were required to be taken following the most recent inspection on 6 February 2017.

## 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
- Record of complaints notified to the agency.

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

- Discussion with the registered manager
- Consultation with two care staff
- Consultation with a trust professional
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. At the time of writing this report no completed staff questionnaires had been returned to RQIA.

During the inspection the inspector met with five staff. Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and eight relatives, either in their own home or by telephone, on 11 and 14 September 2017 to obtain their views of the service. The service users interviewed receive a sitting service from the agency.

The following records were examined during the inspection:

- Four staff members' induction and training records
- Three staff members' quality monitoring, supervision and appraisal records
- Three staff members' training records
- Adult safeguarding policy and procedure
- Whistleblowing policy and procedure
- Confidentiality policy
- Recording and reporting policy
- Four service user records regarding referral, assessment and care plan information.
- Three service users' records regarding review and quality monitoring
- The agency's statement of purpose
- Agency process for verifying staff NISCC registration
- A range of communication records with trust professionals
- Complaints policy and procedure
- Two complaint records
- One incident record

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 last care inspection dated 6 February 2017

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

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to service users 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 Rutledge Recruitment and Training. New carers are usually introduced to the service user by the registered manager; this was felt to be important both in terms of the service user's security and that the 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, use of equipment and working with people with epilepsy. All of the service users and relatives interviewed confirmed that they could

approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t be better.”
- “Great communication between Rutledge and us.”
- “Everybody’s been very pleasant”

Policies and procedures were reviewed relating to staff recruitment. The inspector found these policies to be up to date and in accordance with related regulations and standards.

Four files were reviewed relating to recently appointed staff. The information reviewed within the sample of staff files indicated that one domiciliary care worker had been employed and supplied to service users without a second satisfactory reference. The registered manager agreed that this matter required immediate attention and a telephone reference was obtained before the end of the inspection.

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 four staff files evidenced supported a three day induction process compliant with Regulation 16(5) (a). Staff spoken with during inspection confirmed they had received a three day induction and where necessary extra shadowing days are available when staff or management believe they require additional time. The agency’s manager confirmed the majority of staff are registered with NISCC with the remaining staff moving towards registration. The staff members spoken to on the day of inspection described their recruitment and induction training processes in line with those found within the agency procedures and records. Staff were also able to describe their registration process with NISCC.

Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing. A safeguarding champion has been identified within the agency.

Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Records reviewed for three staff members evidenced mandatory training, and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training. The monthly monitoring reports completed on behalf of the registered person also made reference to the current status of staff training needs.

The manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was viewed during inspection.

Service users who spoke with the inspector and discussions with staff suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

The inspector observed the records management arrangements within the agency and concluded appropriate storage and data protection measures were being maintained.

**Areas for improvement**

One area for improvement has been identified and refers to ensuring two satisfactory written references are obtained for all employees prior to confirmation of employment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

**6.4 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 calls have been missed. Service users are usually introduced to new carers by the registered manager.

No issues regarding communication between the service users, relatives and staff from Rutledge Recruitment and Training were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place as well as questionnaires 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 going like clockwork.”
- “Nothing but praise for Rutledge.”
- “We work together to suit everyone.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to four service users. One issue was identified regarding the recording in log sheets and one care plan contained out of date information. Two relatives were unable to provide the UCO with the agency’s care plan; the agency’s storage of records was discussed with the registered manager who outlined plans to create new file systems to improve the retention of records in the home environment.

A sample of three service user files viewed confirmed that the agency management had carried out care review meetings and/or quality monitoring checks with service users and relatives to ensure service user’s needs were being met. The 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. The inspector spoke with a HSC Trust professional who was very satisfied with the care provided by agency staff and the responsiveness of management to issues raised.

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. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users’ needs were identified. Staff also demonstrated a clear understanding of their reporting processes if they were running late for a service user visit or had missed a call.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between agency staff and HSC Trust staff.

## 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 compassionate?

**Service users 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 service users, as far as possible, are given their choice in regards to the activities completed during the sit.

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 Rutledge Recruitment and Training. Examples of some of the comments made by service users or their relatives are listed below:

- “Trust her completely.”
- “Very friendly with XXX.”
- “XXX is a wonderful girl”

Staff spoken with during the inspection spoke sensitively around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. One staff member commenting about visiting service users commented:

- “I learn so much from service users, and have developed a way of communicating with one individual through song”.

Another employee said:

- “You look after people as if it is yourself”

Observation of staff practice in service users’ homes had been carried out on regular basis and no shortcomings had been identified.

Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.



The inspector spoke with a HSC Trust professional who described the efforts the registered manager and staff had made to provide care in sometimes challenging circumstances commenting:

“Families give good positive feedback about the agency”

**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. The agency’s daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

**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 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 were raised with the UCO regarding the service or management.

No concerns regarding the management of the agency were raised during the interviews. The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Ashley Currie, the agency provides domiciliary care to 42 service users living in their own homes.

Review of the Statement of Purpose and discussion with the registered manager, and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and were clear regarding their reporting responsibilities in line with the agency procedures.

The arrangement for policies and procedures to be reviewed at least every three years was found to have been implemented. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures

The Statement of Purpose and Service Users Guide were found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations. The agency’s complaints information viewed within the service user guide was also found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2016-2017 to date; two complaints had been received since the last inspection and had been appropriately investigated. Monthly quality monitoring reports include a section for complaints review ongoing as necessary. On the day of inspection the file containing monthly monitoring reports was not available and as requested the registered manager emailed a sample of three reports the following day to RQIA. These reports evidenced appropriate monitoring of the quality of services provided by the agency.

Staff interviewed by the inspector said they felt supported by the manager and described having a good rapport with her saying she was “approachable”, “helpful” and “responsive”. A HSC Trust professional who spoke with the inspector following the inspection said the manager “worked with me to try and negotiate how they can help”. This professional also commented on how the manager keeps key workers updated regarding service user information and was very professional.

The inspector noted that the registered manager had developed staff profile pages to summarise information which may benefit service users and relatives. As discussed in 6.4 plans were also in progress to develop better methods to improve the storage of service user information in service users’ homes.

The annual quality summary report for 2016-2017 was reviewed and it was noted that stakeholder views had not been included.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to and maintaining good working relationships and the informative staff profiles prepared by the agency for service users and commissioners

### Areas for improvement

One area for improvement was identified during the inspection and refers to ensuring stakeholder views are included in the annual report.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ashley Currie, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13( d) Schedule 3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing.	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> All employees impending a Domiciliary care position with Rutledge will continue to be subject to having full and satisfactory information in line with Standard 11. from the Domiciliary Care Agencies Minimum Standards and Regulation 13 - Domiciliary Care Agencies Regulations.</p>
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.12  <b>Stated:</b> First time  <b>To be completed by:</b> March 2017	<p>The registered person shall ensure that key stakeholders are involved in the annual review process.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> All key stakeholders have been consulted this year and their feedback and comments will be included in the Annual Review Report for 2017.</p>

*\*Please ensure this document is completed in full and returned via Web Portal*



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