

Unannounced Care Inspection Report 25 February 2019



Rutledge Recruitment & Training

Type of Service: Domiciliary Care Agency
Address: 54 Scotch Street, Armagh, BT61 7DF
Tel No: 02837515848
Inspector: Bridget Dougan

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

Rutledge Recruitment & Training is a domiciliary care agency based in Armagh. The service provides care and support to 82 individuals living in their own homes. Services provided include personal care, medication support, meal provision and a sitting service.

3.0 Service details

Organisation/Registered Provider: Rutledge Recruitment and Training Ltd	Registered Manager: Mrs Roisin McLeod
Responsible Individual: Mr Jonathan McNeill Doherty	

Person in charge at the time of inspection: Mrs Roisin McLeod	Date manager registered: 16 October 2018
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4.0 Inspection summary

An unannounced inspection took place on 25 February 2019 from 12.30 to 17.00.

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 pre-employment checks, the provision of induction, staff training, care records and maintaining good working relationships.

Areas requiring improvement were identified in relation to the safeguarding adults at risk. and children policy and service user involvement.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Roisin McLeod, 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 19 September 2017.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 September 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 reports

- record of notifiable events for 2017/2018
- all correspondence received by RQIA since the previous inspection
- details of telephone consultation with service users and relatives

The following records were examined during the inspection:

- four staff recruitment records
- three staff induction records
- two staff supervision and appraisal records
- staff training records for 2017/2018
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- four service user records regarding, assessment, care planning, review and quality monitoring
- daily logs returned from the service users' homes
- RQIA registration certificate
- a selection of policies and procedures
- complaints and compliments records
- service user guide/agreements
- statement of purpose
- manager's service user audits
- monthly quality monitoring reports

As part of the inspection the inspector spoke with two service users and three relatives by telephone, on 20 February 2019 to obtain their views of the service. The service users interviewed informed the inspector that they received assistance with management of medication, assistance with personal care, meal provision and housework.

During the inspection the inspector spoke with the manager, the operations manager, a team co-ordinator and two care staff.

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

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 19 September 2017

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 19 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13(d) Schedule 3 Stated: First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	Met
	Action taken as confirmed during the inspection: A sample of the personnel records of four recently recruited staff was reviewed and evidenced that full and satisfactory information was available, as specified in Schedule 3, in respect of each staff member	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.12 Stated: First time	The registered person shall ensure that key stakeholders are involved in the annual review process.	Met
	Action taken as confirmed during the inspection: The report of the annual quality review for 2017 – 2018 was examined and evidenced that key stakeholders, including service users were involved in the review process.	

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. These policies and procedures were found to be up to date and compliant with relevant regulations and standards.

A sample of four staff personnel records was reviewed and evidenced that all required pre-employment checks had been satisfactorily completed in accordance with the regulations.

The manager confirmed all staff were registered with the NISCC. The manager discussed the system in place to identify when staff were due to renew their registration and provided reassurances that staff are not permitted to work if their NISCC registration has lapsed.

A review of records confirmed that all staff had received a structured induction programme in line with the timescales outlined within the regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance. Staff consulted with confirmed that this included mentoring through observation of practice, formal supervision meetings and appraisals.

A review of staff training records evidenced that training had been provided in all mandatory areas. Compliance with training was monitored on a regular basis by the manager and as part of the monthly quality monitoring processes.

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. The safeguarding adults and children policy dated 13 June 2017 was reviewed. It was noted that the policy did not include the category of exploitation within the definitions of abuse. An area for improvement has been made.

The inspector 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.

No issues regarding the carers' training were raised with the inspector by the service users or relatives; examples given included manual handling and management of medication. All of the service users and relatives interviewed confirmed that they knew who to contact if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

"I'm very satisfied with the service I am receiving. The carers are always in good form and I am never rushed. They always ask me if there is anything else they can do for me before they go."

Discussion with the manager and a review of the accident and incident records confirmed that any accidents/incidents which had occurred since the previous inspection were recorded and notified to the HSC Trust in keeping with local protocols.

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

Review of the environment confirmed that the premises are suitable for the purposes of the agency as set out in their Statement of Purpose.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to pre-employment checks, the provision of induction, supervision and appraisal.

Areas for improvement

One area for improvement was identified in regard to the safeguarding adults and children policy.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The inspector 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 manager.

No issues regarding communication between the service users, relatives and the staff from Rutledge Recruitment and Training were raised with the inspector. Some of the service users and relatives were able to confirm 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:

- "I'm very happy with the girls. I have no complaints."
- "I find them very good and easy to get on with. The communication is good and the management seem to be concerned to ensure everything is done well."

The inspector examined four service users' care records and found these to be detailed, personalised and reflective of the level of care and support provided. The manager advised that care reviews with the HSC Trusts were held annually or as required and that agency staff attended, when invited. The records reviewed identified that service user monitoring had taken place in keeping with the agency's policy and procedures.

Service User Agreements were confirmed as having been provided to service users, in keeping with the minimum standards.

Quality monitoring reports indicated consultation with a range of service users, relatives and HSC Trust representatives, however there was no evidence that the results of feedback are made available to service users, their representatives and other interested parties. An area for improvement has been identified.

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 care records, audits and reviews.

Areas for improvement

An area for improvement was identified in respect of service user involvement.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

All of the service users and relatives interviewed by the inspector 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 meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and 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:

- “I’m very happy with the care and services provided. The management were responsive when any issues were raised with them which needed attention.”
- “Rutledge have taken any concerns we had in the past seriously and acted on them immediately. They have ensured we now have a perfect match of carer for the needs of our relative. This is really important for me, as a relative you want the best possible care for your loved one”.

As part of the inspection process, the inspector spoke with two staff members. Some comments received are detailed below:

- “this is a very flexible, supportive organisation.”
- “the service users are treated with dignity and respect.”
- “I have no concerns regarding the quality of care provided to our service users.”

No staff feedback was received by RQIA following the inspection in respect of the quality of service provision.

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.

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.

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.

The organisational structure of the agency and the lines of accountability were outlined within the Statement of Purpose. Discussion with staff indicated they understood the organisational structure and their roles and responsibilities within it.

There was a process in place to ensure that policies and procedures were systematically reviewed.

There was a process in place to ensure that complaints were managed in line with the regulations and minimum standards. The inspector noted a number of complaints had been received since the last inspection. Records reviewed confirmed that each complaint had been appropriately managed in accordance with the agency’s policy and procedure.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of service users. The agency collected equality data on service users such as; age, gender, race, disability, marital status via the commissioning Trust referral information. Equality training had also been provided to staff.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011.

Review of the results of the annual quality review report for 2018-2018 provided positive feedback overall from service users, their representatives and other professionals regarding satisfaction with the service being provided.

The staff members consulted with indicated that the management team was supportive and approachable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Roisin McLeod, 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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure that the safeguarding adults and children at risk policy has been reviewed to ensure it is consistent with regional guidance included in Co-operating to Safeguard Children and Young People in Northern Ireland (2017), Adult Safeguarding Prevention and Protection in Partnership (2015) and Adult Safeguarding Operational Procedures (2016).</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The Safeguarding Adults and Children at risk policy has now been updated and includes exploitation. During the next staff meeting this will be explored with the staff team and staff will be made aware of the policy being updated.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 1.6</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure the results of feedback are made available to service users, their representatives and other interested parties.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Service users' will receive annual reports and an overview review of the company's feedback from service user's, relatives, stake holders, staff and any other relative Bodies. This annual report will review any improvements or changes which have been made, ensuring best practice. This report will be posted to the service user.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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