



The **Regulation** and
Quality Improvement
Authority

Nursing & Caring Direct Ltd
RQIA ID: 11934
2c The Sidings Office Park
Lisburn
BT28 3AJ

Inspector: Michele Kelly
User Consultation Officer: Clair McConnell
Inspection ID: IN023822

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**Unannounced Care Inspection
of
Nursing and Caring Direct Ltd**

8 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 8 March 2016 from 09.45 to 14.00 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 1 |

The details of the QIP within this report were discussed with the registered manager, Jennifer Parker, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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| Registered Organisation/Registered Person: Nursing and Caring Direct Ltd/Liam O'Loane | Registered Manager: Jennifer Ruth Parker |
| Person in Charge of the Agency at the Time of Inspection: Jennifer Ruth Parker | Date Manager Registered: 15 June 2011 |
| Number of Service Users in Receipt of a Service on the Day of Inspection: 330 | |

Nursing and Caring Direct Ltd is a private domiciliary care agency established in 1995, based at 2c The Sidings Office Park, Lisburn. The agency provides services in the County Down, Antrim and Armagh areas of Northern Ireland. Under the direction of the Manager, Jennifer Parker, a staff group of 130 provides a range of services to 330 people living in their own homes.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Prior to inspection the following records were analysed

- Previous inspection report
- Previous returned Quality Improvement Plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report

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

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

The following records were examined during the inspection:

- Statement of purpose
- Four service user files in respect of referrals, assessment and care plans
- Seven staff files
- Team meeting minutes March 2016
- Complaints records
- Compliments records
- Three monthly monitoring reports
- Register of missed calls
- Safeguarding and Protection of Service Users' Money and Valuables Policy

Prior to the inspection the User Consultation Officer (UCO) spoke with seven relatives on 4 and 7 March 2016 to obtain their views of the service. The service users interviewed live in Lisburn and surrounding areas, and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 24 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|---|--|--------------------------|
| Requirement 1 Ref: Regulation 5 Schedule 1 (7) | The registered manager is required to expand their statement of purpose to include the roles and responsibilities of each grade of senior staff. | Met |
| | Action taken as confirmed during the inspection: The inspector viewed the statement of purpose dated December 2015 and it included the roles and responsibilities of each grade of senior staff. | |
| Requirement 2 Ref: Regulation 15 (6)(d) | The registered manager is required to expand their 'Safeguarding and Protection of Service Users' Money and Valuables' to specify the process of monitoring and auditing of care staff practice where financial assistance is provided by care staff. | Met |
| | Action taken as confirmed during the inspection: The inspector viewed the Safeguarding and Protection of Service Users' Money and Valuables Policy dated April 2015, and noted it had been expanded to specify the process of monitoring and auditing of care staff practice where financial assistance is provided by care staff. | |
| Previous Inspection Recommendations | | Validation of Compliance |
| Recommendation 1 Ref: Standard 13.3 | The registered manager is recommended to ensure that records are retained for all management staff supervision meetings in accordance with their procedure timeframes. | Met |
| | Action taken as confirmed during the inspection: The inspector examined three management files and noted records of supervision retained in each file. | |

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| Recommendation 2 Ref: Standard 3.3 | The registered manager is recommended to review the risk assessments for all service users where restraint is in place to ensure (where appropriate) documented management plans are in place. | Met |
| | Action taken as confirmed during the inspection: The inspector viewed two service user files and noted restraint information and consent was documented in risk assessments and management plans. | |

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users' and/or representatives' views had been obtained and incorporated. The documentation relating to four service users was reviewed by the inspector during the inspection. Two of the care plans reviewed had been created using the agency's new process and were detailed and person – centred. The agency's log books were also viewed and these were appropriately completed by care staff.

Four staff members interviewed on the day of inspection confirmed that they are provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They also said that they believe there is a consistency of care provided by the agency. All staff interviewed were satisfied that the training provided by the agency prepares them for their roles, and the seven questionnaires returned also indicated satisfaction with training and the care provided to service users.

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

Is Care Effective?

The UCO was informed by all of the people interviewed that they are aware of whom they should contact if any issues arise. One relative advised that a complaint had been made regarding call times and that they were satisfied with the outcome.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. Management visits are taking place on a regular basis to discuss their care as well as observation of staff practice.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. No staff practice issues were identified during the spot checks which the inspector viewed in four staff files.

Service user records viewed in the agency office evidenced regular visits and feedback received had been followed up. These records evidenced that the agency carries out care reviews with service users if changes to their needs are identified. There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed. This record did not always include the views of service users and a recommendation is made.

The complaints log was viewed by the inspector and one complaint record reviewed evidenced it had been appropriately managed and investigated.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Nursing and Caring Direct. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Examples of some of the comments made by service users or their relatives are listed below:

- “All brilliant girls; no complaints with any of them.”
- “Everything’s ok.”
- “My XXX has developed a good rapport with them.”
- “The supervisor is very approachable if I need to speak to them.”

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or surveys from the agency.

Staff interviewed provided examples to demonstrate how they promote service user independence and choices. Seven staff surveys were received following the inspection day. These confirmed that staff were satisfied with the training received in relation to core values, communication methods and skills to meet those with mental health care needs.

Areas for Improvement

Monthly monitoring reports should summarise any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure the organisation is being managed in accordance with minimum standards

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 1 |
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes in operation within the agency ensure communication channels with service users and their relatives are maintained. These include regular monitoring and contacts, on call arrangements and the policy on the management of missed and late calls dated May 2015. Records confirmed that information relating to changes in service users' needs had been communicated to the commissioning trust via telephone calls and emails.

Is Care Effective?

Staff interviewed demonstrated a clear understanding of their reporting processes if running late for the next service user visit or were unable to gain access a service user's home. The agency keeps a record of missed or late calls and there was evidence that appropriate measures were taken to ensure care was delivered according to the care plan. The inspector was informed about out of hours on-call arrangements, and staff confirmed that they were satisfied with these arrangements and said that they felt supported by management.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced any missed calls from the agency.

Is Care Compassionate?

Four staff members spoken to on the day of inspection emphasised the importance of dignity and respect when working with service users. Records examined by the inspector did show evidence of service being provided in a person centred manner and in line with individual care plans.

Staff interviewed on the day of inspection confirmed that their rota was achievable and allocations had been made with staff input. Two staff members confirmed that the time allocated on their rota was sufficient to meet the service users' care needs and included time to make conversations.

Areas for Improvement

The agency has met the required standards in respect of theme two with no areas for quality improvement identified

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 0 |
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5.3 Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with thirteen reports received during the past year. Most reports refer to medication issues and the inspector was satisfied with the agency's responses to these matters. Review of two incident reports evidenced that they had been recorded and report to RQIA and the referring HSC Trust within

the required timeframes. Records confirmed that appropriate action had been taken and the matters have been concluded.

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jennifer Parker, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Recommendations

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| <p>Recommendation 1</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be Completed by: 8 May 2016</p> | <p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. The report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure the organisation is being managed in accordance with minimum standards.</p> |
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Response by Registered Person(s) Detailing the Actions Taken:
 The registered manager Mrs Jennifer Parker along with the responsible person Mr Liam O'Loane will in accordance with the agency's written procedures and standard 8.11 ensure that the views of service users and or their carers/ representatives ascertained about the quality of services will be reflected and summarised and included in the agency's monthly monitoring reports, thus ensuring that the agency is being managed in accordance with minimum standards with immediate effect.

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|--|-----------------|-----------------------|-----------|
| Registered Manager Completing QIP | Jennifer Parker | Date Completed | 7.4.2016 |
| Registered Person Approving QIP | Liam O'Loane | Date Approved | 7.4.2016 |
| RQIA Inspector Assessing Response | Michele Kelly | Date Approved | 11.4.2016 |

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.