

Unannounced Care Inspection Report 6 February 2017



Rutledge Recruitment & Training

Type of Service: Domiciliary Care Agency
Address: 54 Scotch Street, Armagh BT61 7DF
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Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Rutledge Recruitment & Training took place on 6 February 2017 from 09.30 to 14.30 hours.

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

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

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

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Maureen Christodoulou, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Rutledge Recruitment & Training Ltd/Jonathan McNeill Doherty	Registered manager: Maureen Christodoulou (Acting)
Person in charge of the service at the time of inspection: Maureen Christodoulou	Date manager registered: Not applicable

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2016/2017
- Correspondence with Regulation and Quality Improvement Authority(RQIA)

During the inspection three service users' relatives were spoken to via telephone by the inspector to obtain their views of the service. The relatives interviewed informed the inspector that the service users received a sitting service from the agency.

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

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

On the day of inspection the inspector met with three care workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Six completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Three service user daily recording logs
- Three service user records in respect of the agency quality monitoring contacts
- Three staff recruitment records
- Three staff induction records
- Staff training schedule and records
- Three staff quality monitoring records
- Staff Handbook
- Minutes of staff meetings held during 2016
- Service user compliments
- Complaints log and records
- Monthly monitoring reports for November and December 2016 and January 2017
- Annual quality report 2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, appraisal, induction, training and development, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2016/2017

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 2 February 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The agency currently provides services to 32 service users living in their own homes within the Southern Health and Social Care Trust area. The agency also provides domiciliary care workers into supported living schemes, as and when requested.

A range of policies and procedures was reviewed relating to staff selection, recruitment and induction training and found to be in compliance with relevant regulations and standards.

Three staff files were sampled for review by the inspector. The staff files related to recently appointed care staff which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained.

The inspector was advised by all of the service users' relatives interviewed that there were no concerns regarding the safety of care being provided by Rutledge domiciliary care agency staff. They confirmed that new carers had been introduced to the service user by a regular member of staff and new carers were aware of the required care; this was felt to be important.

No issues regarding the carers' training were raised with the inspector by the service users' relatives. All of the service users relatives interviewed confirmed that they could approach the carers if they had any concerns. Examples of some of the comments made by service users' relatives are listed below:

- "The care worker is fully trained and competent. She is always punctual and reliable."
- "Gives me peace of mind that the care staffs know her needs and moods so well; I can trust them completely to keep my relative safe and well."
- "I can say you can't improve on perfection, because that is how I feel about the service my relative receives."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their 'Protection of Vulnerable Adults' policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the manager who provided assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document. The inspector was provided with a copy of their updated procedure on 7 February 2017 which was found to be in line with the required guidance. The manager confirmed that the revised DHSSPSNI guidance would be included within the update training on Protection of Vulnerable Adults scheduled for all care workers.

The agency's whistleblowing policy and procedure was found to be satisfactory. Each of the three care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

Staff training records viewed for 2016 confirmed all care workers had completed the required mandatory update training programme. Competency assessments in the area of safeguarding vulnerable groups and manual handling were reviewed and found to be appropriately detailed. The inspector reviewed competency assessments for three staff members during inspection which were signed off by the trainer and manager. Review of staff training for all staff on the agency's training plan for 2016/2017 included each of the required mandatory training subject areas along with other training relevant to service users' care needs e.g. palliative care and dementia awareness.

Staff questionnaires received by the inspector confirmed that they had received training for their role and that they felt service users were safe and protected from harm. These staff questionnaires indicated that they received supervision meetings and an annual appraisal.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The inspector was informed by the service users' relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. The service users' relatives interviewed also advised that they had not experienced any missed calls from the agency.

The relatives provided confirmation of effective communication between the service users, relatives and staff from Rutledge domiciliary care agency. The manager provided examples of on-going communication between service users, relatives and trust care managers/community social workers, which confirmed that regular contacts have been maintained.

The service users' relatives advised that home visits have taken place and that they had been involved in trust reviews regarding the care package. Two relatives confirmed that they had received a questionnaire from the agency to obtain their views on the service.

Examples of some of the comments made by service users' relatives are listed below:

- "Couldn't ask for better help. Having the same care worker is so important in building rapport with my relative."
- "Absolutely great; you could set the clock by the carer; she is always early."
- "Very impressed; the service is reliable and flexible when needed. I really appreciate the way they care about us both."

Service user records viewed by the inspector included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments by a range of professionals as necessary. The assessments completed by the agency at service commencement were viewed along with ongoing evidence that service users' and/or representatives' views are obtained and where possible incorporated.

The agency's policy and procedure on 'Recording and Reporting Care Practices' was viewed and found to contain clear guidance for staff. The inspector reviewed three completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by the manager, with no practice issue identified.

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

are identified. Staff interviewed and questionnaires returned confirmed ongoing quality monitoring is completed by the agency to ensure effective service delivery.

The registered manager confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with three care staff during the inspection supported review of this topic as necessary. Staff meeting minutes reviewed during inspection also supported this topic area being discussed.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care needs. Questionnaires are issued to service users on an annual basis to obtain feedback regarding service delivery. Evidence of these processes were reviewed during inspection in terms of service user quality monitoring and the annual survey. Service user files reviewed during inspection contained evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to trust professionals and evidence of this process was reviewed during inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

All of the service users' relatives interviewed by the inspector felt that care was compassionate. They advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to every aspect of their service.

Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by Rutledge domiciliary care agency. Examples of some of the comments made by service user's relatives are listed below:

- "My relative and I were fully involved in the care planned from the start, and are regularly asked for our opinions and views on the quality provided; it is an excellent service."
- "The carer thinks of every little detail to ensure my relative has dignity and choices."
- "Couldn't get a better service; it is perfect for XXX."
- "The care and quality of service is far better than I believed possible."

Three service users' files were examined and documentation evidenced the agency had developed care plans individualised to suit the service users' needs. These care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or representatives' views had been obtained, and where possible, incorporated.

Care workers interviewed described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff questionnaires received indicated that they felt service users' views were listened to and they were involved in decisions affecting their care.

The inspectors confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. Staff records evidenced that supervision and appraisals had been completed in line with their procedure timescales.

The agency's compliments records were viewed; these contained positive feedback from service users, relatives and commissioning trust representatives which had been shared with staff individually and at team meetings.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Thank you to care worker xxxx for the care and patience shown, while caring for xxxx. She goes above and beyond the call of duty.' (Thank you received during home visit from a service user's relative).
- 'Compliments to both girls; we are extremely happy with the quality of care and service they provide.' (Phone call from a service user's relative).
- 'The family really appreciate the care and support from staff who really understand what he is like.' (Phone call from a trust social worker).

The care workers interviewed indicated that they felt supported by the manager who they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff questionnaires received indicated that they were very satisfied their current staffing arrangements met their service users' needs.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

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

The manager, Maureen Christodoulou, is supported by a care consultant and a training officer in the management of this domiciliary care agency. Under the direction of the management team, care workers provide domiciliary care and support to 32 people living in their own homes and within supported living schemes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The policy and procedure manual was reviewed and contents discussed with the manager. Staff confirmed that they had access to the agency's policies and procedures in a range of formats. The arrangements for policies and procedures to be reviewed, at least every three years, were found to be in place with all of the policies sampled reviewed during previous two years.

All of the service users relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints procedure viewed was found to be in line with regulations and standards; however, on the day of inspection, this document was revised to include the contact details of the Northern Ireland Public Services Ombudsman in light of recent changes to this organisation. The manager provided an assurance that this revised information would be shared with service users during upcoming review visits.

Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 1 April 2015 to inspection date 6 February 2017 with a range of complaints recorded. The inspectors reviewed a sample of two complaints records which supported appropriate management, review and where possible a resolution of each complaint.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events are reported to RQIA and other relevant bodies appropriately. A review of records evidenced that no notifiable events or safeguarding matters had been reported to date; therefore no records were available for review.

A sample of three service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The manager explained that the agency is usually invited to attend, or contribute in writing, to the commissioning trust arranged care review meetings with service users/representatives. The manager confirmed that where applicable, they are provided with an amendment form from the trust care manager detailing any changes to the original care plan.

Monthly monitoring reports were viewed for November, December 2016 and January 2017. These reports evidenced that there had been monitoring of the quality of service provided which included a summary of staff and service user monitoring, compliments and complaints; and evidenced how any issues arising had been managed.

The agency had completed their annual quality review for December 2015 to January 2017. The inspector viewed the annual quality report which contained feedback from service users, relatives, staff and commissioners of their services. This report was confirmed as appropriately detailed. The manager confirmed that this report had been provided to all service users in January 2017.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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