

Regulation of Care Act 2013

Domiciliary Care Agency

Northern Care

Announced Inspection

8 October 2021

The provider did not return their response within the specified time scale and consequently it has been placed on the website without their comments

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Part 1 - Service Information for Registered Service

Name of Service:

Northern Care

Telephone No:

(07624) 203900

Care Service Number:

ROCA/P/0295A

Conditions of Registration:

The manager to complete RQF level 5 within two years of registration

Name of Responsible Person:

Ruth Gale

Name of Registered Manager:

Ruth Gale

Manager Registration number:

ROCA/M/0279

Date of latest registration certificate:

12 February 2021

Date of any additional regulatory action in the last inspection year (ie improvement measures or additional monitoring):

None

Date of previous inspection:

This is the first inspection

Person in charge at the time of the inspection:

Ruth Gale

Name of Inspector(s):

Sharon Kaighin

Part 2 - Descriptors of Performance against Standards

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

Compliant

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

Substantially compliant

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

Partially compliant

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

Non-compliant

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

Not assessed

Assessment could not be carried out during the inspection due to certain factors not being available.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

Part 3 - Inspection information

The Inspection report is based on the information provided as part of the pre inspection desk top analysis and the findings of the inspection visit.

The purpose of this inspection is to check the service against the service specific minimum standards – Section 37 of The Regulation of Care Act 2013 and The Regulation of Care (Care Services) Regulations 2013 part 3, regulation 9.

Inspections concentrate on specific areas on a rotational basis and for most services are unannounced.

The inspector is looking to ensure that the service is well led, effective and safe.

Summary from the last inspection

Number of requirements from last inspection:

This is the first inspection

Number met: N/A

Number not met: N/A

All requirements not met will be addressed within this inspection report

Please note that any requirement carried forward for three consecutive inspections will lead to the service being served an improvement notice.

Overview of this inspection

Due to COVID 19 the inspection process has altered slightly. More information and evidence has been sought from providers electronically. The inspection team have desktop assessed this information and a service visit has then been undertaken to verify the evidence provided.

Northern Care domiciliary care agency was inspected on 8 October 2021. This was the annual statutory inspection.

As part of the inspection process, the following were scrutinised:

- Statement of Purpose
- A selection of service user files
- Staff files
- Policies and procedures

Staff and service user feedback was also gained. Service user feedback was very positive, with all individuals spoken to happy with the service.

Part 4 - Inspection Outcomes, Evidence and Requirements

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 1 – Information about the service

Service users and their relatives have access to comprehensive information about the agency, so that they can make informed decisions.

Our Decision:

Substantially compliant

Reasons for our decision:

A Statement of Purpose/Service User Guide was in place. This contained all relevant information, but did not have a review date specified. A requirement has been made concerning this.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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Requirements:

One

Recommendations:

None

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 2 – Assessment

The care needs of service users are individually assessed before they are offered a domiciliary care service, or within 2 days in exceptional circumstances.

Our Decision:

Compliant

Reasons for our decision:

A care needs assessment was in place for each service user. These had been carried out by the manager, and contained all required information. Information from the care needs assessment was provided to support workers so that they were clear on the client support required. The service was able to be provided at short notice, with the manager undertaking an initial contact assessment as required. Staff confirmed that they were able to report any changes to service user needs through an evaluation sheet which was seen, together with a communication sheet. Care needs assessments were scheduled to be reviewed at the same time as care plans.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 3 – Contract**

Each service user must have a written individual service contract for the provision of care with the agency.

Our Decision:

Partially compliant

Reasons for our decision:

Each service user had a contract in place. However, there were a number of omissions in the contract which are detailed later in this report. A requirement has been made concerning this.

All relevant parties had a copy of the contract, seen to be signed by both the manager and the service user or their representative.

Evidence source:

Observation		Records	✓	Feedback		Discussion	
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 - Personal information**

Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected.

Our Decision:

Substantially compliant

Reasons for our decision:

All staff in the service had signed a confidentiality agreement. Policies and procedures covering confidentiality were also incorporated in the Care Certificate being undertaken by staff. No summary of the agency's policies on confidentiality was provided to service users, and a requirement has been made regarding this.

Care workers were made aware of their responsibilities as regards sharing information with the manager, and service users signed an agreement allowing sharing of information with other professionals if deemed necessary.

Evidence source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 5 – Service**

Service users receive a consistent and reliable service that can respond flexibly to meet changing needs.

Our Decision:

Compliant

Reasons for our decision:

The manager informed the inspector that staff were flexible and were able to respond to the needs of service users as necessary. Service user feedback confirmed this. A record of visits with times included was seen on inspection. Care workers were only changed where necessary. The manager confirmed that new carers would be introduced to service users as appropriate, with service users fully involved in their care. Staff and service users confirmed that introductory visits were made. Both service users and their representatives confirmed that they were fully involved in all aspects of the care provided.

Evidence source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 6 – Care / Support Plan**

A care/support plan must be in place for each service user.

Our Decision:

Substantially compliant

Reasons for our decision:

A care plan was in place for each service user. There was no evidence of the care plans held in the office being signed. A requirement has been made concerning this. Care plans detailed specialist needs of service users, together with areas of independence. Staff feedback confirmed that information given was sufficiently detailed according to the level of service provided. .

Care plans were due to be reviewed annually; changes were also actioned as and when necessary.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 7 – Medication**

The agency's policy and procedures on medication protect service users.

Our Decision:

Compliant

Reasons for our decision:

A written medication policy was in place which was in date. This included procedures for obtaining, recording, storing, administering and the returning or disposal of medication. Staff had all completed medication training. Annual medication administration competency assessments were to be carried out as appropriate. Assistance with medication was included in the care plans, together with accompanying medication risk assessments seen in place.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 8 – Health & Safety**

The health, safety and welfare of service users and care and support staff is promoted and protected.

Our Decision:

Compliant

Reasons for our decision:

Various documentation was in place relating to health and safety matters. As well as policies and procedures, the subject of health and safety was covered by the Care Certificate which was being undertaken by staff. Records seen were all in date.

A variety of risk assessments were in place. These were comprehensive and allowed for areas of independence where appropriate. Risk assessments had been undertaken and had a scheduled date for review six months hence.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 9 – Safeguarding**

Service users are protected from abuse, exploitation, neglect and self-harm.

Our Decision:

Compliant

Reasons for our decision:

A safeguarding policy was in place appropriately dated. No safeguarding incidents were recorded at the service. No children were cared for at the service. Safeguarding training had been undertaken by all staff.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 10 – Security of the Service User’s Home**

Service users are protected and are safe and secure in their home.

Our Decision:

Substantially compliant

Reasons for our decision:

The agency had clear protocols in place regarding the safety of the service user’s home, including entering and exiting the home. All staff had signed to say that they would abide by the policy.

Identity cards were in place for all staff and were seen on inspection. They did not state the date of issue nor expiry date, and a requirement has been made concerning this. The manager confirmed that any special communication needs would be addressed as required.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 11 – Records kept in the home**

The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of support and care.

Our Decision:

Compliant

Reasons for our decision:

The manager, together with care staff, confirmed to the inspector that records were kept in the service user's home for a minimum of one month. No service users had refused to hold records in their home. Electronic records held by the agency were able to be accessed by service users and their representatives on request.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 12 – Recruitment and selection of staff**

The well-being, health and security of service users is protected by the agency's policies and procedures on recruitment and selection of staff.

Our Decision:

Partially compliant

Reasons for our decision:

A recruitment procedure was in place in the agency. All staff files were examined, and a number of omissions were identified. Not all staff files had an application form and a health declaration in place. A requirement has been made. There were also omissions in relation to references, interview notes and a relevant DBS (Disclosure and Barring check) in place prior to the commencement of employment. A requirement has also been made concerning this.

A staff contract was in place which was seen on inspection. This did not state the need to comply with the agency's Staff Handbook. A requirement has been made concerning this. Staff were undertaking the Care Certificate which included the Code of Conduct, and Code of Practice.

No disciplinary incidents involving staff were recorded. Discussion was had with the manager regarding the circumstances in which an individual must be referred to the Disclosure and Barring Service.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

Three

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 13 – Development and training**

Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.

Our Decision:

Compliant

Reasons for our decision:

A staff development and training programme was in place. The training matrix provided evidenced that mandatory training had been carried out by staff. A formal induction process was in place, with a minimum of three days' orientation programme which included shadowing more experienced staff. Training had to be completed within the probationary period. Specialist training would be undertaken as necessary. The manager was clear in discussion as to the individual care required for each service user. Following staff training an individual evaluation check was undertaken and recorded. These were seen on inspection following a variety of training.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 14 – Qualifications**

The personal care of service users is provided by qualified and competent staff.

Our Decision:

Compliant

Reasons for our decision:

All staff in the agency were undertaking RQF level 3, with the manager in the process of gaining RQF level 5.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 15 – Supervision**

Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

Our Decision:

Substantially compliant

Reasons for our decision:

Agency staff had not received formal supervision at least three monthly, nor was there a written record on file of each meeting. A requirement has been made concerning this. Observation of staff was in place every three months, with a spreadsheet in place seen on inspection.

Team meetings were held, with minutes seen on inspection. Supervision and appraisal skills training for the manger was covered in their RQF training.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 16 – Management, quality and improvement**

Service users receive a consistent, well managed, planned and audited service.

Our Decision:

Compliant

Reasons for our decision:

The agency operates from permanent premises, with a dedicated office having space for confidential meetings. Equipment was in place for secure record keeping. The staff in place were sufficient for the operation of the agency, with recruitment being undertaken as necessary.

Public liability insurance was in place. A business contingency plan was also in place.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 17 – Record keeping**

The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.

Our Decision:

Compliant

Reasons for our decision:

Records seen on inspection were clear and up to date. They were securely stored and were appropriately retained.

Evidence Source:

Compliant

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9) Standard 18 – Policies and procedures

The service users' rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.

Our Decision:

Compliant

Reasons for our decision:

Required policies and procedures were in place with appropriate review date identified. A policy and procedure file was in place and available for all staff. Signing sheets for staff to state that they read and understood the policy were seen in place. Clients had access to policies and procedures upon request.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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Requirements:

None

Recommendations:

None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9) Standard 19 – Complaints and compliments

Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.

Our Decision:

Compliant

Reasons for our decision:

The agency complaints procedure was in place. This contained all required information. A summary of the complaints procedure was included in the agency's Statement of Purpose. The manager confirmed that the complaints procedure would be followed with all timescales followed. Service user feedback confirmed that they had no complaints, but would feel happy about raising any issues with staff.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 20 – Quality Assurance**

The service is run in the best interests of its service users.

Our Decision:

Compliant

Reasons for our decision:

The manager confirmed that a quality assurance system was in place. This included checks on records, timesheets and any compliments and complaints. Staff feedback confirmed that they were clear on the standard of service they had to provide.

Outcomes from the quality assurance process would be published annually as appropriate, together with an annual report.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

Other areas identified during this inspection /or previous requirements which have not been met.

The inspector would like to thank the management, staff and service users for their co-operation with this inspection.

If you would like to discuss any of the issues mentioned in this report or have identified any inaccuracies, please do not hesitate to contact the Registration and Inspection Team.

Inspector: Sharon Kaighin

Date: 4 November 2021

Provider's Response

From: Northern Care

I / we have read the inspection report for the inspection carried out on 8 October 2021 at the establishment known as Northern Care, and confirm that there are no factual inaccuracies in this report.

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.

Or

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s)

Signed
Responsible Person
Date

Signed
Registered Manager
Date

The provider did not return their response within the specified time scale and consequently it has been placed on the website without their comments