The Regulation and Quality Improvement Authority

Inspection Report

14 September 2023

Compass Agencies Homecare Ltd

Type of service: Domiciliary Care Agency
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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Compass Agencies N.I. Ltd **Responsible Individual:** Miss Joanne Kelly	**Registered Manager:** Ms Claire Linter – registration pending
Person in charge at the time of inspection: Miss Joanne Kelly	
Brief description of the accommodation/how the service operates: Compass Agencies Ltd is a domiciliary care agency based in Belfast. The agency currently provides services to 206 service users living in their own homes within the Belfast Health and Social Care Trust (BHSCT). Service users have a range of needs including dementia, mental health and physical disability.	

2.0 Inspection summary

An unannounced inspection took place on 14 September 2023 between 9.15 a.m. and 1.15 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as: staff recruitment, professional registrations, staff induction / training and adult safeguarding. The inspection also considered: reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, the use of restrictive practices, dysphagia management and adherence to Covid-19 guidance.

Good practice was identified in relation to service user involvement and governance and management arrangements.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I love [the staff]."
- The staff are "lovely people."
- "If the carers aren't coming, they phone."
- The staff are "great."

Service users' relatives' comments:

- "Carers are amazing."
- "Great team of carers."
- "Very quick to sort anything out."
- 'They know what they're doing.''

Staff comments:

- "I love it."
- "Care is excellent."
- ''Good career progression."
- "Good company to work for."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 20 December 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the Responsible Individual established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse and the process for reporting concerns during and outside normal business hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency before care delivery commenced and the agency had requested this training from the HSC Trust.

A review of care records identified that risk assessments and care plans were regularly reviewed and updated. There were clear procedures to follow in the event of a change in service users' care needs.

Where a service user required the use of specialised equipment, direction on the use of this was included within their care plan. Daily records completed by staff noted the type of equipment used on each occasion.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust requirements.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. The Responsible Individual advised that no service users required their medicine to be administered with a syringe. The Responsible Individual was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

Staff had completed appropriate DoLS training appropriate to their job roles. The Responsible Individual reported that none of the service users were currently subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

Discussion with service users and review of their care records evidenced that they were given an opportunity to contribute to the development of their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans were kept under regular review and services users and/or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes had occurred.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with accompanying recommendations regarding specific consistency of diet and fluids. A review of training records confirmed that staff had completed training in dysphagia in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These details were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified. The agency generally uses black folders to hold patient files but service users with assessed swallowing difficulties have red folders to heighten awareness of these specific care needs. This was identified as good practice.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. All gaps in employment history had also been explored. Monthly checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). Staff confirmed that they were aware of their responsibilities to keep their NISCC registrations up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role. The inspector noted that staff files were very well organised with a comprehensive front page checklist. This was identified as good practice.

The agency maintained a record of all training, including induction and professional development activities undertaken, for each staff member. The inspector noted that mandatory refresher training workbooks were very focused on meeting service users' needs. This was identified as good practice.

The Responsible Individual advised that the training records were in the process of being migrated over to a new computer based matrix.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. These reports included details of a review of service users' care records; accidents/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Though no complaints had been received since the last inspection, records indicated that previous complaints were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The Statement of Purpose was viewed by the inspector and all information was found to be correct.

The Responsible Individual confirmed that an application had been submitted to RQIA in respect of the current manager's registration; this application remains ongoing at present.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service user's home, there was a policy and procedure in place. Staff were able to talk through this procedure.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Joanne Kelly, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

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