

Inspection Report

17 February 2022



The Gateway Social Investment Ltd T/A Flourish Care

Type of service: Domiciliary Care Agency
Address: Dream Centre, Ballee Way, Ballymena, Co. Antrim, BT42 3EX
Telephone number: 07809 260 380

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: The Gateway Social Investment Ltd	Registered Manager: Mrs Norma McKinney
Responsible Individual: Mrs Norma McKinney	Date registered: 19/04/2018
Person in charge at the time of inspection: Mrs Norma McKinney	
Brief description of the accommodation/how the service operates: The Gateway Social Investment Ltd/ TA Flourish Care Ltd currently offers a seniors care and companionship service, available 365 days per year, which provides a range of services to enable adults to continue to live in their own home.	

2.0 Inspection summary

An announced inspection was undertaken on 17 February 2022 between 09.00 a.m. and 11.00 a.m. by the care inspector. This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) and (NMC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS), Dysphagia, the monthly quality monitoring process and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users. There was evidence of robust governance and management oversight systems in place. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff.

It was good to note some of the compliments received by the agency:

- “Thanks for helping me with my ***.”
- “It was a good support to us to know that my *** was in caring hands every morning.”
- “Nothing is too much trouble,”

3.0 How we inspect

RQIA’s inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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 the legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- Contacting the service users and staff to obtain their views of the service
- Reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives and staff to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service?

A number of questionnaires were returned and the respondents indicated that they were satisfied that the service provided was safe and effective. Comments received included:

- "Many thanks to the team as I would not be able to look after my *** at home."
- "Very dependable, caring and compassionate staff, within this care service."

We spoke with two service users the manager and two staff during the inspection; comments received are detailed below:

Service users' comments:

- "I could not expect better from anyone."
- "They are helpful and I get on very well."
- "I have no complaints, but would speak with them if I had concerns."
- "They provide a good service."
- "They provide a punctual service."
- "The service was recommended to me and it's excellent."
- "The girls are always on time and they show good initiative."
- "The staff are dedicated to their manager and the company."
- "I could not speak highly enough about the staff."
- "I am always treated with dignity and respect."

Staff comments:

- "My induction was comprehensive and prepared me for the role, we have the opportunity to shadow other experienced staff."
- "We provide person centred care and support."
- "We have one to one personal supervision with the manager."
- "The manager has an open door policy to all."
- "Providing time to the clients is important to the company."
- "I have no worries or concerns."
- "I feel safe and secure with the covid guidance and the provision of PPE."
- "Excellent training."
- "We communicate well with each other."
- "A good supportive and caring manager."

There was no response to the staff electronic survey prior to the issue of this report.

5.0 The inspection

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

The last inspection to The Gateway Social Investment Ltd T/A Flourish Care was undertaken on 25 March 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position Report for the agency has been formulated and was reviewed by the inspector. This was satisfactory.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no referrals had been made to HSC Trust adult safeguarding teams since the last inspection. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to the staff if they had any concerns in relation to safety or the care being provided.

The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were robust systems in place to ensure that notifiable events were investigated and

reported to RQIA or other relevant bodies appropriately. No incidents had been reported since the last inspection.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. It was noted that no restrictive practices are currently in place.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

It was identified that staff have completed training with regard to Dysphagia and Speech and Language Therapist (SALT) swallow assessments and recommendations. There is currently one service user who has been assessed by the (SALT) team in relation to Dysphagia needs and specific recommendations made. It was noted from care records viewed that the service users individual care plan clearly record the care and support required with regard to eating and drinking.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, relatives and staff. It was positive to note that where negative feedback had been received the details were recorded of the actions taken to resolve the matters raised. We noted some of the comments received during the monthly quality monitoring:

Service users:

- "A good company I'm happy with everything."
- "I'm really pleased with the service."
- "I have no complaints."
- "The girls do anything you ask."

Staff:

- “Good communication with the company.”
- “We have a good team.”
- “I well supported and love my job.”
- “The company exceeds expectations.”

Relatives:

- “Staff are friendly and helpful.”
- “A good service with a flexible arrangement.”
- “The girls are all lovely.”
- “*** is content and very happy.”

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, missed calls, NISCC registration and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency’s policy and procedures. It was noted that no complaints had been received since the last inspection.

There was a system in place to ensure that staff received supervision and training in accordance with the agency’s policies and procedures. Staff told us they felt supported to carry out their role and to develop further and that the manager was supportive and always approachable.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

We noted that the agency completed their annual quality survey and asked service users a number of questions about the quality of care provision, we have noted some of the questions and comments received:

- How do you rate the quality of service provided by Flourish Care?
- Are carers punctual?
- Do carers stay their allocated time?
- Do carers carry out the duties and tasks required during their time with you?
- Do you find care workers friendly and polite?
- Do they wear full PPE?
- Do you feel safe with these measures?
- Do you find the office staff approachable/helpful?
- If you need to get in touch with the office do you know how? Is this a simple process?
- How do you feel Flourish Care has adjusted/responded to the pandemic?
- Is there anything Flourish Care could do to improve their service?

Comments received:

- “All care provided very much appreciated”
- “We are very happy with the service provided by all the girls”
- “We couldn’t ask for a better group of ladies, Flourish Care is an exceptional service”
- “The service provided by Flourish Care is second to none. I have been very pleased with the team, just as they are and if I need anything improved would have no hesitation in asking”
- “Very good staff always wore PPE gear at all times”
- “Simply telephone for a prompt response”
- “Very respectful towards clients”
- “The girls are all very friendly, as I said they have become very much part of our family”
- “They always ask if there’s anything else they can do”
- “An excellent reliable service”

5.2.5 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team. Individual care plans describe the support required for each service user and details their personal choices and preferred routines.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Norma McKinney registered manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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

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