

# Inspection Report

9 October 2023



## Home Instead Down and Lisburn

Type of service: Domiciliary Care Agency  
Address: 24 Main Street, Saintfield, Ballynahinch, BT24 7AA  
Telephone number: 028 9560 9910

[www.rqia.org.uk](http://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

<p><b>Organisation/Registered Provider:</b> Elliott Home Care Limited trading as Home Instead Senior Care</p> <p><b>Responsible Individual:</b> Mrs Lynn Anna Elliott</p>	<p><b>Registered Manager:</b> Ms Mahan Salgado</p> <p><b>Date registered:</b> Acting manager</p>
<p><b>Person in charge at the time of inspection:</b> Ms Mahan Salgado</p>	
<p><b>Brief description of the accommodation/how the service operates:</b> This is a domiciliary care agency which provides personal care to people with a range of needs including older persons, people with dementia, physical disability and learning disability.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 9 October 2023 between 09.00 a.m. and 12.30 p.m. The inspection was conducted by a care inspector.

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 and training. The reporting and recording of accidents and incidents, complaints, whistleblowing, service user involvement, Dols and dysphagia.

Good practice was identified in relation to client involvement recruitment, quality monitoring, induction and training.

We noted some of the compliments received by the agency from various sources:

- "Very pleased with the care and support."
- "My relative got on well with staff and vice versa."
- "Really appreciative of the Dementia day."

The inspector would like to thank the staff and service users for their help and cooperation during the inspection it was much appreciated.

### 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 any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, staff or the commissioning trusts.

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 staff and service users on how they could provide feedback on the quality of services. This included an electronic staff survey and service user questionnaires.

### 4.0 What did people tell us about the service?

During the inspection we spoke with service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

#### Service user comments:

- "Great staff."
- "I'm very satisfied with them all."
- "Excellent service."
- "They are always on time."
- "Very helpful."
- "No complaints or issues."
- "They go over and above."

#### Staff comments:

- "I had a good comprehensive induction."
- "All my training is up to date."
- "I have one to one sessions with the coordinator and can discuss any issues."

- “I have no complaints and enjoy working for the company.”
- “I’m a member of NISCC and I’m aware of my responsibilities as a care worker.”

A number of service user questionnaires were returned and we noted the comments received:

- “The girls are like family to me when they come through the door with a big smile it just lifts me up and makes my day.”
- “My girls are just great.”

No staff responded to the 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 the last inspection?**

The last care inspection of the agency was undertaken on 29 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 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). The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager 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 incidences of abuse and the process for reporting concerns in normal business hours and out of 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 are managed appropriately when required.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. We reviewed a number of individual staffs training records that were satisfactory.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

It was positive to note that service users were supported to exercise choice and control in regard to decision making and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in place supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

### **5.2.2 What are the arrangements for promoting service user involvement?**

Services users are regularly asked to assess the quality of staff provision as part of the agencies own quality management checks. We read a number of these reports that were all positive in relation to the care and support received.

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

One service user was assessed by SALT that required modified diets and the required documentation was in place. A review of training records confirmed that staff had completed training on Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness training was also completed by staff during First-Aid training.

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

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 are supplied for direct engagement with service users. Records reviewed 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 weekly 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.

### **5.2.5 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 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 agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The records included the names and signatures of those attending the training event, the date(s) of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

### 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, staff and HSC trust staff. A review of the quality monitoring indicated that all those spoken with were happy with the service provided.

#### Service users:

- "I find them helpful and they do a lot for me."
- "Very happy with the level and quality of care."
- "I love the support I receive."

#### Staff:

- "I feel part of a team."
- "I love all the clients."
- "The standard of care is very good."

#### Relatives:

- "Staff have great attention to detail."
- "My relative gets good care."
- "It's good to know someone is with my relative."

#### HSC Staff:

- "Thanks for the work at such short notice."
- "The agency has been very proactive."
- "Communication is good and immediate support is put in place."

The alphabetical list of staff employed by the agency was up to date as was the service user list.

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. When complaints are received these are appropriately managed and are reviewed as part of the agency's quality monitoring process. No complaints had been received since the last inspection.

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

There is a system in place that clearly directs staff from the agency as to what actions they should take if they are unable to gain access to a service user's home.

We discussed the acting management arrangements which have been ongoing since February 2023; RQIA will keep this matter under review.

## **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 the Manager the Registered Individual and other Senior staff members as part of the inspection process and can be found in the main body of the report.



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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