

# Inspection Report

10 August 2021



## All Ireland Homecare Limited

Type of Service: Domiciliary Care Agency  
Address: 21 Windmill Business Park, Windmill Road, Saintfield, Antrim,  
BT24 7DX,  
Tel No: 028 9756 8249

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> All Ireland Homecare Limited	<b>Registered Manager:</b> Ms Monica Frances McShane
<b>Responsible Individual:</b> Miss Laura Elizabeth Wheeler	<b>Date registered:</b> 4 April 2016
<b>Person in charge at the time of inspection:</b> Ms Monica Frances Mc Shane	
<b>Brief description of the accommodation/how the service operates:</b>  All Ireland Homecare is a domiciliary care agency which provides personal care and support to 75 individuals with a range of needs including older persons, people with dementia, physical disability and learning disability in their own homes within the South Eastern Health and Social Care Trust (SEHSCT) and Belfast Health and Social Care Trust (BHSCT) areas.	

## 2.0 Inspection summary

An unannounced inspection was undertaken by the care inspector on 10 August 2021 between 10.00 am and 1.00 pm.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

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

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifications, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on 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, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires and 'Tell us' cards for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

### 4.0 What people told us about the service

We spoke with two service users, two relatives, two staff and one BHSC representative.

Suggestions and comments made by service users and relatives were shared with the Manager at the end of the inspection.

No questionnaires or electronic feedback was received prior to the issue of the report.

#### Comments received during the inspection process-

##### Service users' comments:

- "The carers are very good."
- "I find the evening call too early."
- "I couldn't be any happier."

##### Relatives' comments:

- "I think they are brilliant and very good."
- "Dinner time call could be a bit later."
- "Quality of care is good."

**Staff comments:**

- “Very well run and managed service.”
- “If I had any concerns the management would take seriously.”
- “I have had plenty of training.”
- “Management are open to suggestions from staff.”
- “I am kept up to date about safeguarding.”
- “We get supervision and appraisal.”

**HSCT representative’s comments:**

- “My experience to date has been good.”
- “No negative feedback from service users.”

**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 All Ireland Homecare Limited was undertaken on 10 September 2018 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 reflected information contained within the Department of Health’s (DoH) regional policy Adult Safeguarding Prevention and Protection in Partnership, July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC) and the agency had prepared an Adult Safeguarding Position report.

Discussions with the manager 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 outside of normal business hours.

It was noted that staff were required to complete classroom based adult safeguarding training during their induction programme and two yearly 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 had a system for retaining a record of referrals made to the relevant HSCT in relation to adult safeguarding. Records viewed and discussions with the Manager indicated that one adult safeguarding referral had been made since the last inspection and that the referrals had been managed appropriately.

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

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff had undertaken DoLS Level Two training appropriate to their job roles. However, it was established during the discussion with the Manager that no staff had completed DoLS Level Three training. The Manager forwarded evidence of their completed DoLS Level Three training within an agreed timeframe. Review of the information received was found to be satisfactory.

The manager told us that no service users met the criteria to have a DoLS process put in place at this time. The Manager also told us that there were no restrictive practices in place at the time of the inspection.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The Manager confirmed the agency does not manage individual service users' monies or valuables in excess of twenty thousand pounds.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

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

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

### **5.2.3 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?**

The Manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

#### 5.2.4 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, before staff members commenced employment and had 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 were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The Manager told us that the agency does not use volunteers or voluntary workers.

#### 5.2.5 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 engagement with service users, service users' relatives, staff and BHSCT/SEHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents; safeguarding matters, complaints, staff recruitment, training, 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 areas had been actioned.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that the agency had not received any complaints since the last inspection.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

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).

The agency's registration (rebranded agency) was discussed with the responsible individual and Manager during the inspection and again with the responsible individual via a conference call following the inspection. The responsible individual has agreed to submit a new application for registration. When received, RQIA will review the application for registration in this regard.

## 6.0 Conclusion

Based on the inspection findings and discussions held RQIA is 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

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Monica Francis McShane, 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

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

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