



# Announced Care Inspection Report 14 and 21 January 2019



## TW Care Services Ltd

**Type of Service: Domiciliary Care Agency**  
**Address: 36A Warden Street, Ballymena, BT43 7DT**  
**Tel No: 07450957712**  
**Inspectors: Aven Donnelly**  
**Amanda Jackson (2<sup>nd</sup> day only)**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

TW Care Services Ltd is a domiciliary care agency which provides personal care and live-in support to people living mainly in the Ballymena and surrounding areas. Care is provided by seven care staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> TW Care Services Ltd  <b>Responsible Individual:</b> Mrs Olipah Gahadza	<b>Registered Manager:</b> Mrs Olipah Gahadza
<b>Person in charge at the time of inspection:</b> Mrs Olipah Gahadza	<b>Date manager registered:</b> 24/08/2016

### 4.0 Inspection summary

An announced inspection took place on 14 January 2019 from 09.15 to 16.00. The second day of inspection took place on 21 January 2019 from 11.00 to 15.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement were identified in relation to the recruitment processes, staff registrations with the Northern Ireland Social Care Council (NISCC), staff supervision, staff training, the service user agreement and the staffing roster. In accordance with RQIA's Enforcement Policy and Procedures, a meeting was held at RQIA 17 February 2019 to discuss the inspection findings from the first day of inspection on 14/01/19. It was agreed that a Quality Improvement Plan (QIP) will be issued.

Evidence of good practice was found in relation to staff induction, risk assessments and management of accidents. There were examples of good practice found in relation to the review of care needs and the agency's engagement with service users. Comments received from service users' representatives supported good practice in the area of compassionate care and the responsiveness of the manager.

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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Olipah Gahadza, registered manager/responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 08 May 2018

The last care inspection was an enforcement monitoring inspection undertaken on 08 May 2018. There were no areas for improvement made as a result of the inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection reports
- all correspondence received by RQIA since the previous inspection

As part of the inspection process, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff surveys were received by RQIA post inspection.

The manager was requested to place a "Have we missed" you card in a prominent position in the agency to allow relatives who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

As part of the inspection process the inspector spoke with two service users' representatives and two Health and Social Care (HSC) trust representatives. Comments received are included within the body of the report.

The following records were examined during the inspection:

- two staff recruitment records
- staff induction records
- supervision and appraisal matrix
- staff training matrix
- two service users' records regarding review, assessment and care planning
- service user guide/agreements
- statement of purpose
- RQIA registration certificate
- accident records
- daily logs returned from the service users' homes
- staff and service user' satisfaction surveys
- a selection of policies and procedures
- complaints and compliments records
- monthly quality monitoring reports

The inspectors also reviewed the system in place for ensuring care staff were registered with the Northern Ireland Social Care Council (NISCC).

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The agency's registered premises are located at 36A Warden Street, Ballymena and were suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of seven care staff. The agency's staffing arrangements were discussed and the inspectors were advised that there were sufficient staff employed, to meet the current level of care provision. During the inspection process, there were no concerns raised in relation to the staffing provision.

Two recruitment records were reviewed, relating to staff who had been appointed since the date of the last inspection. Evidence pertaining to staff Access NI Enhanced disclosure checks had not been retained in the staff files, therefore the inspectors were unable to verify that the checks had taken place. During the inspection, the manager followed up with one of the identified staff members and evidence was presented which verified that the enhanced disclosure check had been completed. Following the inspection, information verifying the second staff member's enhanced disclosure check was forwarded to RQIA by email. Advice was given in this regard and the manager agreed to record the Access NI reference number and date received on the recruitment checklist, as part of future recruitment processes.

A review of the two personnel files identified that full employment histories had not been consistently recorded. In addition, where employment histories had been recorded, these had not been recorded fully. This meant that the inspectors were unable to establish if there had been any gaps in employment. Following the inspection, the manager confirmed to RQIA, by email, that this matter had been addressed. The review of the two personnel records also evidenced that both staff members had two references in place; however, in both cases, one reference had not been received until after the staff members had commenced employment. An area for improvement has been made in this regard.

The inspectors were unable to evidence that there was a robust system in place to ensure that all staff were registered with NISCC within the required timescales. Following the inspection, the manager confirmed to RQIA by email on 18 January 2019, that only those staff members who were either registered with NISCC or those who had submitted their applications for registration with NISCC were being supplied by the agency. An area for improvement has been made in this regard.

A review of records confirmed that all staff had received a structured induction programme in line with the timescales outlined within the regulations and standards.

There was a system in place to monitor staff performance and to ensure that they received support and guidance. A review of the records identified that staff had not consistently been provided with supervision and appraisals, in keeping with agencies' policy and procedure. This has been identified as an area for improvement.

The training matrix was also reviewed and found not to be up to date. The inspectors confirmed that training had not been consistently provided to staff in respect of food safety awareness, diabetes awareness and stoma care. This was deemed to be important given the needs of the service users which included diabetes management and stoma care. The nature of the Line In care provided, also requires staff to be involved in food preparation. This has been identified as an area for improvement.

The manager advised that there had been no safeguarding incidents since the last inspection. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspectors were advised that the registered manager holds this responsibility. Discussion took place in relation to the ASC's responsibilities, particularly in relation to the arrangements in place for developing an annual position report in respect of the agency's safeguarding activity.

A review of the accident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols.

Records confirmed that trust risk assessment and care plans were in place. During the inspection the inspectors reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There were good arrangements in place to evidence regular review of service users' needs.

The inspectors observed the records management arrangements within the agency and concluded that appropriate storage and data protection measures were being maintained in respect of records.

### **Areas of good practice**

There were examples of good practice found during the inspection in relation to staff induction, the management of accidents and risk management.

### **Areas for improvement**

Areas for improvement were identified in relation to the recruitment processes and staff registrations with NISCC.

Improvements were also required in relation to staff supervision and appraisals; and the provision of training, as relevant to the staffs' roles and responsibilities.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	2

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The inspectors examined two service users' care records and found these to be very detailed and reflective of the individuals' needs and preferences.

The records reviewed identified that risk assessments and care plans were reviewed on a regular basis. However, the care plan of one service user required to have the times and duration of calls included. This was discussed with the manager, who agreed to address this matter.

A review of two Service User Agreements evidenced that these were consistently provided to service users within five working days, in keeping with the minimum standards. However, the review of one service users' Service User Agreement (Contract) identified that it was not sufficiently detailed. Advice was given to the manager, in relation to including those matters outlined in the standards. An area for improvement has been made in this regard.

A review of the daily records returned from service users' homes identified that the care provided was in keeping with the care plan. Records of the daily care provided were noted to be very detailed. However, there was evidence that staff had not been recording their signatures, in keeping with best practice. This was discussed with the manager, who agreed to address the matter with staff. This will be reviewed during future inspections.

Quality monitoring reports indicated consultation with a range of service users, relatives and HSC Trust representatives. No issues regarding communication between the service users, relatives and staff from TW Care Services were raised with the inspectors. There was some evidence that staff and service users' representatives had received a questionnaire from the agency, seeking their views on the service. Examples of some of the comments viewed in the monthly quality monitoring reports are listed below:

- "My relative is very happy with the service and the general care, staff are very good to xxx."
- "We are delighted with what TW Care Services have done for (relative's name) and for how much they have transformed their lives with the live-in care service."

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. Staff meetings were held on a regular basis.

### Areas of good practice

There were examples of good practice found in relation to the review of care needs and the agency's engagement with the service users.

## Areas for improvement

An area for improvement was made in relation to the Service User Agreement.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the agency's ability to treat the service users with dignity and respect; and to fully involve them, as appropriate, in decisions affecting their care and support. Two relatives spoken with commented positively about the staff and the quality of care provided.

A review of the records confirmed that the manager had carried out observations of staff practice. The records reviewed by the inspectors highlighted no concerns regarding staff practice during spot checks.

One of the inspectors spoke with two service users' representatives and two HSC trust' representatives. Some comments received are detailed below:

#### Service users' representatives

- "Everything is brilliant, we are very, very happy. They are no bother at all and (my relative) is extremely well looked after."
- "I have no concerns whatsoever, they are very accommodating."

#### Trust' representatives

- "I have no concerns, they seem to know what they are doing, everything is ticking away nicely."
- No concerns. The family have not raised any concerns."

#### Areas of good practice

Comments received from service users' representatives supported good practice in the area of compassionate care.

## Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

All of the service users' representatives consulted with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the consultation process. All those consulted with stated that they were confident that staff/management would appropriately manage any concern raised by them. The inspectors viewed returned satisfaction questionnaires, in which one respondent praised the manager for taking 'a close personal interest' in the care provided. This was noted as good practice.

The review of the staff roster identified that it was not maintained appropriately in keeping with professional standards. The inspectors also identified a significant period, where an identified staff member's name was not included on the roster. An area for improvement has been made in this regard.

The review of the Service User Guide identified that it required information to be included in relation to independent advocacy services. The manager agreed to address this matter.

The agency's on call system ensured that staff could avail of management support 24 hours a day.

The agency had a range of policies and procedures in place, however the majority of the policies are soon due to be updated. Advice was given in relation to implementing a systematic approach, to ensure that these would be updated, in keeping with the minimum standards. Following the inspection, advice was given to the manager in relation to further developing the policy relating to Live-In Care. This was deemed to be important, particularly in relation to the area for improvement made in relation to the Service User Agreement. Refer to section 6.5 for further detail.

There was a process in place to ensure that complaints would be managed in line with the regulations and minimum standards. The inspectors acknowledged that there had been no complaints received by the agency since the date of the last inspection.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011.

There was evidence that questionnaires had been issued to staff and service users' representatives, in preparation for completion of the annual quality report.

There had been no incidents reportable to RQIA since the last care inspection.

The registration certificate was displayed appropriately, however it was not up to date. Advice was given to the manager in relation to this matter. RQIA will issue a revised certificate to the agency in due course.

## Areas of good practice

There was evidence of good working relationships with key stakeholders.

## Areas for improvement

Areas for improvement related to maintenance of the staffing roster.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Olipah Gahadza, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(d) Schedule 3(4) and (8)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This relates specifically to:</p> <ul style="list-style-type: none"> <li>• Two written references, which must be received before the staff member is supplied for work.</li> <li>• A full employment history, together with a satisfactory written explanation of any gaps in employment.</li> </ul> <p>Ref: 6.4</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13(d) Schedule 3(7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Telephone references will now be recorded and sent to the referee for a signature to confirm information given over the phone and to be returned before the staff member is supplied for work.</p> <p>If references are delayed, evidence of follow up will be filled in staff folder..</p> <p>Recruitment Compliance check list must be thoroughly completed and evidenced before the staff member is supplied work. Manager checks and signs the checklist</p> <p>At least 2 staff will be involved in the recruitment process to ensure that all the information on application form and CV is fully screened before the interview so that gaps can be identified and discussed during the interview</p> <p>A risk assessment tool is now included in the interview pack to ensure that gaps are accurately recorded during the interview.</p> <p>A recruitment compliance staff has been appointed.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13(d) Schedule 3(7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This relates specifically to the care staffs' registration with the Northern Ireland Social Care Council (NISCC)</p> <p><b><u>A policy on the NISCC Registration Process must be submitted to RQIA with the returned QIP.</u></b></p> <p>Ref: 6.4</p>

	<p><b>Response by registered person detailing the actions taken:</b>          NISCC registration will be highlighted during the interview as reflected in our revised application form.</p> <p>NISCC registration procedure has been added to the Induction training program.</p> <p>A copy of the policy with the NISCC Registration Process will be handed out and explained to the staff member on the Induction day. It is compulsory that all staff must be registered with NISCC by the time they complete their probation period.</p> <p>NISCC Induction and Training Policy has been reviewed and attached.</p> <p>One more staff has registered with NISCC and one application is waiting for endorsement. An application for a second endorser has been sent to NISCC and is in progress.</p> <p>All staff who are currently active and have completed their probation are NISCC compliant.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 21(1)(a) Schedule 4(5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are kept up to date, in respect of each supply of a domiciliary care worker to a service user.</p> <p>This refers specifically to the staffing roster which must include the full names of all staff supplied.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>          Rotas will be kept up to date and staff names are now written in full.</p>
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 March 2019</p>	<p>The registered person shall ensure that the policy on staff supervision and appraisal is reviewed, to address the deficits identified during this inspection.</p> <p>This refers specifically to the provision of supervision and appraisal to staff who do not ordinarily reside in Northern Ireland.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>          Staff supervisions that were due have all been completed including staff who have just completed their probation.</p> <p>The manager will ensure that stipulated time frames for supervisions and appraisals will apply to all staff including staff who do not ordinarily reside in Northern Ireland. Staff handbook updated.</p>

	<p>All supervisions due have been completed.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that where training needs are identified to meet the needs of service users, arrangements are put in place to provide such training.</p> <p>This relates specifically to training in:</p> <ul style="list-style-type: none"> <li>• Food Safety</li> <li>• Diabetes Awareness</li> <li>• Stoma Care</li> </ul> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Manager will ensure that information will be shared during staff meetings on at least one specific diagnosis common with services users eg. Diabetes Awareness,</p> <p>All active staff have completed the above trainings Food safety, diabetes awareness, stoma care.</p> <p>All mandatory training is now up to date.</p> <p>TW has registered with an online e-learning provider. Moving and handling and basic life support will be class room learning. Any other training which needs face to face learning will be attended as required.</p> <p>Training Matrix updated.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none"> <li>• The date of commencement of the service</li> <li>• The duration, if known and the arrival and departure times of staff</li> <li>• The arrangements for gaining access to and security of the service user's home</li> <li>• The arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept</li> <li>• The agency's complaints procedure</li> <li>• The terms and conditions of the service provision with specific reference to the Living in Policy, as appropriate.</li> </ul> <p>Ref: 6.5</p>

**Response by registered person detailing the actions taken:**

The Service user agreement has been updated with the duration and the arrival and departure times of staff, the date and commencement of the service.

The arrangements for gaining access to and security of the service user's home have been clearly indicated in the engagement agreement.

The Live in Policy has been reviewed and terms and conditions of the service provision have been amended including: Staff - living, sleeping and food supply conditions.

The agency's complaints procedure has always been in place.

Financial transactions undertaken on behalf of the service user by the agency's staff have been discussed with family and added to the service user's agreement. A TW financial transactions form is in place and all receipts are attached to the completed form. Change is given back to the service user and signed for. An entry of financial transactions made on the day are recorded in the service user's daily progress notes.

Transactions are weekly audited by the registered person.



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