



Announced Care Enforcement Inspection Report 16 March 2020



TW Care Services Ltd

Type of Service: Domiciliary Care Agency

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Inspectors: Aveen Donnelly and Joanne Faulkner

www.rqia.org.uk

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 provider 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. The provision of care is arranged through self-directed support arrangements and the care provided is subject to review by the Northern Health and Social Care Trust (NHSCT) and the South Eastern Health and Social Care Trust (SEHSCT).

3.0 Service details

Organisation/Registered Provider: TW Care Services Ltd	Registered Manager: Ms Olipah Gahadza
Responsible Individual: Ms Olipah Gahadza	
Person in charge at the time of inspection: Ms Olipah Gahadza	Date manager registered: 24 August 2016

4.0 Inspection summary

An announced inspection took place on 16 March 2020 from 09.30 to 14.00 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice issued to the service on 16 December 2019. .

FTC ref: FTC000085 issued on 16 December 2019.

The date of compliance with the notice was 16 March 2020

The inspectors found that progress had been made in two areas identified in the FTC Notice. There remained insufficient evidence to demonstrate that full compliance with the regulations had been achieved in relation to four other areas outlined on the notice.

Whilst the monthly quality monitoring reports had been submitted to RQIA as requested and an external person had been nominated to undertake the quality monitoring visits, concerns remained in relation to the following areas:

- The registered person should ensure that the person identified to undertake the quality monitoring has the appropriate knowledge and skills to undertake the visits.
- The person identified should include in their monthly quality report areas for improvement outlined in the current RQIA quality improvement plan.
- The person with the responsibility for undertaking the monthly quality monitoring visits must specifically review the recruitment process and associated records.
- The registered person must ensure that there is follow up action taken in respect of areas for improvement identified in previous monthly quality monitoring reports.

In accordance with RQIA's enforcement procedures senior management met to discuss the inspection findings. In normal circumstances, where compliance is not achieved within the required timescales, consideration would be given to escalation of enforcement activity. Given the current Covid 19 Pandemic, the decision was made by RQIA to allow for a further period of

time for improvements to be made in the areas identified above. The current FTC Notice will therefore remain in place.

RQIA's decision was made on the basis of seeking, where possible to take a pragmatic, flexible and proportionate approach in circumstances which arise as a result of, or during the Covid-19 pandemic, whilst at the same time ensuring safe care continues to be provided. This was in accordance with correspondence from the Department of Health. Therefore the responsible person is required to submit an action plan to RQIA, no later than 1 May 2020, outlining in detail, the steps being taken to implement the measures contained in the FTC Notice to demonstrate improvement in these areas.

In addition to this, and in light of the recent Department of Health Guidance (COVID-19: Guidance for Domiciliary Care Providers, 10 April 2020), the responsible person was also required to confirm that the agency has the appropriate supply of PPE to meet the needs of the service users and staff group and the continued steps being taken to acquire same. The registered person was also required to outline how they sought assurances regarding the care workers adherence to the current PPE Guidelines.

Areas for improvement previously made relating to the recruitment process, care planning, staff training, and the annual quality report were not met and have been restated.

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
Total number of areas for improvement	4	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Olipah Gahadza, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Ongoing enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity>

5.0 How we inspect

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

- the requirements as indicated in the failure to comply notice **FTC Ref: FTC000085**

- the registration status of the agency
- written and verbal communication received since the previous care inspection
- the previous care inspection report from the inspection dated 18 November 2019

The following methods and processes used in this inspection include the following:

- discussion with the manager
- review of three staff recruitment records
- review of a sample of staff duty rotas
- three service users' care plans
- training records
- monthly quality monitoring reports in accordance with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- an alphabetical index of service users
- an alphabetical index of domiciliary care workers

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met, or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 November 2019

The most recent inspection of the agency was an announced care inspection. The completed QIP was returned and approved by the care inspector and was validated by the care inspectors during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 November 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13(d) Schedule 3(4) and (8)</p> <p>Stated: Second time</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"> • Two written references, which must be received before the staff member is supplied for work. 	<p>Partially met</p>

	<p>Action taken as confirmed during the inspection: The review of four recruitment records identified that whilst two references were in place, concerns were identified in relation to the appropriateness of the references.</p> <p>This area for improvement was partially met and has been stated for the third and final time.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2) (b) and (c)</p> <p>Stated: First time</p>	<p>The registered person must ensure that care plans specify the service users' needs in respect of the prescribed services to be provided and how the needs are to be met.</p> <p>Action taken as confirmed during the inspection: Whilst two care records reviewed were satisfactory, deficits were identified in the third record. In this record, there were two care plans in place, which contradicted each other. There was also reference to another service user's name within the care plan.</p> <p>This area for improvement was not met and has been stated for the second time.</p>	<p>Not met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 23 (1) and (4) (as outlined in failure to comply notice: FTC000085)</p> <p>Stated: First time</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>The reports must be submitted to RQIA no later than five days after the last day of the month until further notice.</p> <p>Action taken as confirmed during the inspection: The monthly quality monitoring reports had been submitted to RQIA, as requested, since the date of the last inspection. The registered person had also nominated an external person to undertake the quality monitoring visits. Whilst these actions, as outlined on the FTC</p>	<p>Partially met</p>

	<p>Notice had been met, four other actions were not met.</p> <p>This area for improvement was not met and has been stated for the second time.</p> <p>Refer to section 6.3 for further detail.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: Second time</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"> • Diabetes Awareness • Stoma Care 	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspectors were unable to evidence that the staff had received the above training. This area for improvement was not met.</p> <p>Given that this area for improvement has been made previously under the standards, on two separate occasions, an area for improvement has now been made under the regulations, in this regard.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p>	<p>The registered person must ensure that the quality of services is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process.</p> <p>A copy of the annual quality report must be submitted to RQIA on completion</p>	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>Whilst the inspectors acknowledge that the annual quality report included input from service users, relatives and trust representatives, areas for improvement within the process were identified. The proforma for seeking relatives input required to be further developed. There was no verification of which trust professional had contributed and there was also contradictory information within the</p>	

	<p>report.</p> <p>This area for improvement was not met and has been stated for the second time.</p>	
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6.3 Inspection findings

FTC Ref: FTC000085

Notice of failure to comply with regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Regulation 23 (1) and (4)

23.—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.

In relation to this notice the following six actions were required to comply with this regulation.

- The registered person must identify an external person to undertake the quality monitoring visits.
- The registered person should ensure that the person identified has the knowledge and skills to undertake the visits.
- The person identified should include in their report any areas for improvement in the RQIA quality improvement plan.
- The person with the responsibility of undertaking the monthly quality monitoring visits must specifically review the recruitment process and associated records.
- The registered person must ensure that there is follow up action taken in respect of areas for improvement identified in previous monthly quality monitoring reports.
- The registered person must ensure that the monthly quality reports are submitted to RQIA on a monthly basis, until further notice. This should be with RQIA no later than 5 days after the last day of the month.

The six actions were reviewed as part of this inspection.

The monthly quality monitoring reports had been submitted to RQIA, as requested, since the date of the last inspection. The registered person had also nominated an external person to undertake the quality monitoring visits. Whilst these actions, as outlined on the FTC Notice had been met, four other actions were not met. These are detailed below:

The registered person should ensure that the person identified has the knowledge and skills to undertake the visits. The Inspectors were advised that two different people had undertaken the monthly quality monitoring visits. The review of the quality monitoring reports undertaken by both individuals highlighted that neither of the people were sufficiently knowledgeable and skilled to undertake the visits. This was evidenced specifically in relation to inappropriate employee references which had not been picked up or actioned. The deficits in staff training

had also not been identified and there was limited evidence that the care plans had been reviewed. This action was not met.

The person identified should include in their report any areas for improvement in the RQIA quality improvement plan. Inspection findings identified that areas for improvement had not been monitored through the monthly monitoring visits. This action was not met.

The person with the responsibility for undertaking the monthly quality monitoring visits must specifically review the recruitment process and associated records. Although the inspectors identified that the recruitment records had been reviewed, the review had been ineffective as it did not identify the deficits found in regards to appropriateness of references obtained. This action was not met.

The registered person must ensure that there is follow up action taken in respect of areas for improvement identified in previous monthly quality monitoring reports. The review of the monthly quality monitoring reports identified that the actions from previous visits had not been appropriately identified, in that it had been copied from one month to the next month. There was nothing measurable or meaningful within the action plan. This action was not met.

Areas for improvement

Areas for improvement previously made relating to the recruitment process, care planning, staff training, and the annual quality report were not met and have been restated. The current FTC Notice remains in place.

	Regulations	Standards
Number of areas for improvement	4	1

6.4 Conclusion

The findings of the inspection identified that whilst progress had been made in some areas, identified in the FTC Notice, there remained insufficient evidence to demonstrate that full compliance with the regulations had been achieved. The FTC Notice remains in place and will be reviewed through monthly returns at this time.

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, 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>Area for improvement 1</p> <p>Ref: Regulation 13(d) Schedule 3(4) and (8)</p> <p>Stated: Third and final time</p> <p>To be completed by: Immediately 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"> Two written references, which must be received before the staff member is supplied for work. <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Two staff had been recruited as Compliance and admin staff but they both have left due to the pressure of work following the time scale by which TW had to meet the deadline. Recruitment is a process which can take long and finding the right person for this position will need time like the probation period of 6 months particularly in this time of lock down. The staff who applied after the inspection has only worked from home due to the Covid-19 situation and has requested to wait until the offices open so that she could learn more. TW is requesting for more time to screen and recruit an experienced compliance person to ensure that recruitment is met according to the required standard.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2) (b) and (c)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of the inspection</p>	<p>The registered person must ensure that care plans specify the service users' needs in respect of the prescribed services to be provided and how the needs are to be met.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person explained to the inspector that the service user in question's care plan was under review by a number of professionals and the final care plan was due to be finalised at the time of the inspection. This particular care plan has been updated and tasks clearly outlined. At the time of the inspection, new template had just been designed and care plans were all under review. All care plans are being reviewed using the revised format of the care plan.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 23 (1) and (4) (as outlined in failure to comply notice: FTC000085)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve</p>

<p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>the quality and delivery of the services which the agency arranges to be provided.</p> <p>The reports must be submitted to RQIA no later than five days after the last day of the month until further notice.</p> <p>Ref: 6.2 and 6.3</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: 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"> • Diabetes Awareness • Stoma Care <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: There is no practical training in this lock-down period but TW's online training is now facilitated by a local company called Citation Atlas.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: Second time</p> <p>To be completed by: 23 May 2020</p>	<p>The registered person must ensure that the quality of services is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process.</p> <p>A copy of the annual quality report must be submitted to RQIA on completion</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Survey forms have been handed out to service users and other professionals. Only one report has been received. Follow up has been made. When lock down is over, registered person will visit to make a follow up and complete the report.</p>

Please ensure this document is completed in full and returned via Web Portal



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