The Regulation and Quality Improvement Authority

Inspection Report

23 March 2022

Jark (Belfast) Healthcare Services Limited

Type of Service: Domiciliary Care Agency
Address: 239 Lisburn Road, Belfast, BT9 7EN
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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: Jark (Belfast) Healthcare Services Limited **Responsible Individual:** Mrs Searlain McCormack	**Registered Manager:** Miss Jamie Lauren Adams **Date registered:** 2 May 2018
Person in charge at the time of inspection: Miss Jamie Lauren Adams	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency which provides domiciliary care workers to other regulated services. The agency is currently supplying 10 staff.	

2.0 Inspection summary

An announced inspection was undertaken via zoom on 23 March 2022 between 10.00 a.m. and 11.30 a.m. by the care inspector.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) 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. 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.

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 with 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 staff and other stakeholders to request feedback on the quality of service provided; this included an electronic survey for staff.

4.0 What people told us about the service

Twelve staff responded to the electronic survey; 11 indicated that they were satisfied with the service provided was safe, effective and compassionate and that the service was well led. Comments included:

- "I'm very happy with Jark Healthcare."
- "Jark have been a great agency to work for and always keep in touch regarding training and checking in with staff."
- "The management are never too far away for a phone call when I need to know or ask anything; always super helpful and great support."
- "I believe Jark supplies a first class service and I have had no issues working for them as a staff member."

One respondent indicated that they were dissatisfied, however no comments or contact details were provided; this was discussed with the manager prior to the issuing of the report and matter to be addressed via staff supervision meetings.

Following the inspection we spoke to one staff member and received feedback from one service user. Comments included:

Service user's comments:

- "I have always had a positive experience with Jark when requesting staff; the manager really seems to understand what kind of staff I need and responds quickly with details of available agency staff. The staff have also always been of a very high quality who have adapted into the scheme very professionally. I would almost always go to Jark first with request for staff because of the quality I have been provided in the past."

Staff comments:

- "I have no issues with the care agency."
- "Manager very good and keeps me right with regards to training updates."
- "I have no problems at all; the manager will always try to help."
- "The training is good; if there is any training I need the manager will source it."

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 of the agency was undertaken on 10 March 2020 by a care inspector; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

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).

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 including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and annual 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 since the last inspection. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

There were robust 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 and actions taken to reduce or prevent reoccurrence.

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 identified that they agency are not managing individual service users' monies.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19 and had access to Personal Protective Equipment (PPE).

5.2.2 Are there 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 are supplied for 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 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.

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

Discussions with the manager evidenced that staff had completed food safety training as part of their mandatory training. The manager is in the process of accessing Dysphagia training for staff.

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 staff and the agencies that staff are supplied to.

The reports included details of the review of accident/incidents; safeguarding matters, complaints, staff recruitment and training, 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 complaints received since the last inspection had been managed in accordance with the policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

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.

6.0 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.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with, Mrs Searlain McCormack, Responsible Individual and Miss Jamie Lauren Adams, 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

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