

Announced Care Inspection Report 2 January 2019



Jark (Belfast) Healthcare Services Limited

Type of Service: Domiciliary Care Agency
Address: Lisburn Road, Belfast, Antrim, BT9 7EN
Tel No: 02890238588
Inspector: Joanne Faulkner

www.rqia.org.uk

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

This is a domiciliary care agency which provides domiciliary care workers to other regulated services. The agency currently supplies four staff.

3.0 Service details

Organisation/Registered Provider: Jark (Belfast) Healthcare Services Limited	Registered Manager: Jamie Lauren Adams
Responsible Individual: Searlain McCormack	
Person in charge at the time of inspection: Jamie Lauren Adams	Date manager registered: 02/05/2018

4.0 Inspection summary

An announced inspection took place on 2 January 2019 from 13.00 to 17.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication with those agencies where staff are supplied
- Staff induction, training, supervision and appraisal
- Governance and Quality monitoring systems

This was supported through review of records at inspection and discussions with the manager and administrative staff on inspection.

No areas for improvement were identified during the inspection.

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.

The inspector would like to thank the manager and staff for their support and full co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jamie Adams, registered manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- discussion with the manager and registered person
- discussion with administrative staff employed by the agency
- examination of records
- evaluation and feedback

During the inspection the inspector met with the manager, the registered person and administrative staff.

The following records were viewed during the inspection:

- monthly quality monitoring reports
- staff induction records
- staff training records
- records relating to staff supervision
- complaints records
- incident records
- records relating to adult safeguarding
- statement of purpose
- service User Guide

A range of policies and procedures viewed during the inspection were noted to have been reviewed and updated in line with timescales as outlined within the minimum standards.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 August 2017

The most recent inspection of the agency was an announced pre-registration inspection.

6.2 Review of areas for improvement from the pre-registration inspection dated 24 August 2017

There were no areas for improvement made as a result of the pre-registration 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 inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was identified that staff previously employed as health care assistants transferred to the agency's domiciliary care agency. The inspector viewed the recruitment records for two staff and noted that they provided evidence that required pre-employment checks had been completed. The manager stated that staff would not be provided for work until all required checks had been satisfactorily completed.

Staff are required to undergo annual Access NI checks and complete a health questionnaire annually; records viewed were noted to be satisfactory. It was noted from discussion with the manager that staff are required to sign that they have received and understood the information provided in the agency's staff handbook.

It was identified that the agency's induction programme provided to staff is at least three days as required within the domiciliary care agencies regulations. It was identified that staff are provided with corporate induction, training and shadowing shift as part of their induction.

It was noted that staff are provided with a job description at the commencement of employment. The agency maintains an electronic register for all staff detailing dates of induction, training and registration status with relevant regulatory bodies.

The agency develops staff profiles for all staff provided; they contain details of training, skills, experience and details of NISCC registration of the staff member. The manager stated that these are provided to the relevant agency prior to staff being supplied.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. It was noted that supervisory staff will shadow staff to assess competency. A record of staff supervision and appraisal is maintained. The records viewed by the inspector indicated that staff had received supervision and appraisal in accordance with the agency's policies. It was identified that staff create individual development plans as part of their annual appraisal process. Staff supervision and appraisal information viewed was noted to be retained in an organised manner.

The manager could describe the process for identifying training needs in conjunction with an administrator from the organisation and their responsibility for ensuring that training updates are completed. Staff were required to complete annual training in a range of mandatory areas and if required training specific to the individual needs of service users.

The agency has an electronic system for recording staff training; information viewed indicated that staff had completed the required training. It was good to note that training required to be completed by staff in the next month had been planned.

The agency retains details of the registration status and expiry dates of staff required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered. Discussions with the manager indicated that the process is monitored on a monthly basis.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. 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 outlines the procedure for staff in reporting concerns. The registered manager is the Adult Safeguarding Champion (ASC) for the agency.

Discussions with the manager indicated that staff are provided with information in relation to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns. It was noted that staff are required to complete safeguarding training during their induction programme and in addition an annual update. Training records viewed by the inspector indicated that staff had received training in relation to adult safeguarding.

Discussions with the manager evidenced that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that the agency had made no referrals since the previous inspection. The inspector discussed with the manager the need to record details for all referrals made including those screened out.

It was identified that the agency is not currently supplying staff directly to service users but to other agencies providing domiciliary care in a supported living setting. The manager stated that referral information is received from the agency as to the skills required by staff being supplied.

The agency's office accommodation is located in Belfast; the offices are suitable for the operation of the agency as described in the Statement of Purpose. It was noted that during the inspection records were stored securely and in a well organised manner and that PC's were password protected.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, training and supervision.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided. It was identified that a range of the agency's policies and information was required to be updated to include the current RQIA contact details; assurances were provided by the manager that this would be actioned.

The agency's data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in a well organised and secure manner. It was identified that staff had recently completed training relating to GDPR and had received information relating to record keeping and confidentiality during their induction programme.

During the inspection the inspector viewed copies of staff profiles provided to the agency were staff are supplied. It was noted that the agency are currently exploring the possibility of reducing the amount of paper records retained.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered; there is a process for the completion of monthly quality monitoring visits.

The inspector viewed the agency's quality monitoring reports of the visits completed by the registered person. It was noted that the reports relate to both of the organisation's regulated services; the inspector discussed with the manager and registered person the need to ensure that the reports clearly identify matters reviewed for each of the services. Assurances were provided that reports would be amended to clearly reflect which of the services the information was relating to.

It was noted that the reports included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements and complaints. The reports viewed included feedback from those other agencies to whom staff had been supplied.

The agency's systems to promote effective communication with relevant stakeholders were assessed during the inspection. The manager could describe the processes used to develop and maintain effective working relationships with the provider where staff have been supplied.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and communication and engagement with those providers to which staff have been supplied.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive information relating to human rights, equality and confidentiality during their induction programme. Discussions with the manager and administration staff indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. Feedback questionnaires provided by the agency aim to obtain information from service users in relation to the care and support provided by staff. The manager stated that staff profiles are provided for all staff supplied and that staff are required to complete orientation at the commencement of an initial placement; this process includes the review of care records for service users.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had received completed training on dignity, respect and equality during their induction programme. The manager could describe how staff development and training equips staff to engage with a diverse range of service users.

Records viewed and discussions with the manager and administrative staff indicated that the agency has a range of effective methods for recording comments made by those agencies to

whom staff are supplied. Records of feedback forms and reports of quality monitoring visits indicated regular engagement with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users are maintained through the agency's complaints/compliments process, quality monitoring visits and feedback received from customer satisfaction surveys. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the effective engagement with relevant stakeholders with the aim of improving the quality of the service provided to service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The inspector reviewed management and governance systems in place within the agency. The agency is managed on a day to day basis by the manager supported by a team of administrative staff. It was identified that staff are informed of the process for obtaining support and guidance at any time including out of hour arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained in the agency's office. It was noted that the agency's key policies are provided to staff in the staff handbook. Policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards; however assurances were provided that the telephone contact details for RQIA would be updated in the relevant policies as required.

The agency's complaints policy outlines the process for managing complaints; discussions with the manager indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received training in relation to management of complaints during their induction programme.

The agency maintains a detailed record of complaints received; it was identified from records viewed and discussions with the manager that the agency has handled complaints received in accordance with their policy and procedures.

An audit of complaints received and the management of same is audited on a monthly basis as part of the organisation quality monitoring system.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of the service provided. Documentation viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of policies and procedures, appropriate supervision of staff, monthly monitoring of complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective collaborative working relationships with relevant stakeholders.

It was identified from documentation viewed that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring compliance levels of staff training, supervision, and registration with NISCC and the review of incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal. The registered person and manager could clearly describe the rationale for regularly reviewing the quality of the services provided with the aim of improving quality.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it clearly details lines of accountability. Staff are supplied with a job description and are required to complete induction at time of placement. Staff are provided with the procedure for obtaining support and guidance including out of hours arrangements.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process and the management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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