

Inspection Report

27 November 2023



Jark (Belfast) Healthcare Services Limited

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Jark (Belfast) Healthcare Services Limited	Registered Manager: Miss Jamie Lauren Adams
Responsible Individual: Mrs. Searlain McCormack	Date registered: 2 May 2018
Person in charge at the time of inspection: Registered manager	
Brief description of the accommodation/how the service operates: Jark (Belfast) is a domiciliary care agency which provides domiciliary care workers to other regulated services.	

2.0 Inspection summary

An unannounced inspection took place on 27 November 2023 between 10.30 a.m. and 2 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, and whistleblowing was also reviewed.

Good practice was identified in relation to staff recruitment.

Areas for improvement identified related to staff supervision and monthly monitoring arrangements.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and

any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with one service user and one staff member.

For the purposes of the inspection report, the term 'service user' describes the services the agency's staff are supplied to work in.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service user's comments:

- "We find Jark to be very responsive to email correspondence, and prior to a staff member starting with us, they arranged additional training which was required for the role. During this period, they maintained regular communication notifying us of the training dates and when it had been completed. We have no current issues or concerns with the running of the organisation."

Staff comments:

- "I have no issues at all working for Jark. The standard of my training is very good. If I ring the office with an issue, it is sorted very quickly."

There were no responses to the questionnaires or electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 2 March 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 2 March 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 15 (6) (a) Stated: First time	The Registered Person shall specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made. This refers specifically to the compilation of the Annual Adult Safeguarding Position Report	Met
	Action taken as confirmed during the inspection: Inspector confirmed the report was in place, available and up to date at the time of inspection.	

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours.

The agency retained records of any referrals made to the HSC Trust in relation to safeguarding. A review of records confirmed that these had been managed appropriately.

The manager was aware what incidents require to be notified to RQIA.

A review of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as first aid, information governance and complaints handling awareness.

It was positive to note staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. A resource folder was available for staff to reference.

The agency does not manage individual service users' monies.

5.2.2 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A review of records evidenced that staff had completed Dysphagia training as appropriate to their roles. All staff had completed training in relation to how to respond to choking incidents.

5.2.3 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. AccessNI checks are carried out annually for staff in post.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

5.2.4 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction within the agency. Written records were retained of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

It was noted that staff supervision within the agency was carried out by someone who had not undertaken accredited training for this purpose. An area for improvement has been identified in this regard.

5.2.5 What are the arrangements to ensure robust managerial oversight and governance?

We reviewed a sample of the monthly quality monitoring reports which were available on the day of inspection. An ongoing safeguarding investigation was not referenced, there was no

detailed engagement with staff and service users and some identified actions were not updated each month. An area for improvement has been identified.

The Annual Quality Report was reviewed and was satisfactory.

RQIA is aware of one Serious Adverse Incident (SAI) that is being investigated by Belfast HSC Trust. Whilst RQIA is satisfied that measures have been put in place to reduce the risk of recurrence, RQIA awaits the SAI reports which will be available when the investigations are concluded. These will be reviewed at future inspection to ensure that any recommendations are embedded into practice.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

6.0 Quality Improvement Plan (QIP)/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 (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	1	1

The areas for improvement and details of the QIP were discussed with Miss Jamie Adams, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 23(2)(b)(4) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the information contained in the monthly quality monitoring reports is robust and a full review of records is undertaken. Updates should occur monthly and include full details of engagement with service users and staff. Ref: 5.2.5 Response by registered person detailing the actions taken: We will ensure that the monthly quality monitoring reports are utilised better and include full details of engagement with service users and staff.

Area for improvement 2	
Ref: Standard 13.6	The registered person shall ensure supervision of care workers is undertaken by an appropriately qualified or experienced person.
Stated: First time	Ref: 5.2.4
To be completed by: Immediate and ongoing from the date of inspection	Response by registered person detailing the actions taken: We will ensure that supervision of care workers is undertaken by appropriately trained person.

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



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