

# Inspection Report

2 July 2024



## Bond Healthcare

Type of Service: Domiciliary Care Agency  
Address: 21 James Street South, Belfast, BT2 7GA  
Tel No: 028 9027 0747

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Bond Search & Selection Ltd	<b>Registered Manager:</b> Miss Victoria Neale
<b>Responsible Individual:</b> Mr Jonathan Mark St Clare	<b>Date registered:</b> 22 April 2024
<b>Person in charge at the time of inspection:</b> Miss Victoria Neale	
<b>Brief description of the agency:</b> Bond Healthcare is a domiciliary care agency. The agency currently supplies staff to other domiciliary care agencies and not directly to individual service users.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 July 2024 between 9.30 a.m. and 12.10 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, whistleblowing, Deprivation of Liberty Safeguards (DoLS), and Dysphagia management was also reviewed.

Areas for improvement identified related to staff recruitment.

Good practice was identified in relation to staff training. There were good governance and management arrangements in place.

## 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 services where staff are supplied or staff.

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 staff and other stakeholders on how they could provide feedback on the quality of services. This included an electronic survey.

#### **4.0 What did people tell us about the service?**

During the inspection we spoke with a number of staff members and those services who staff are supplied to.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

##### **Staff comments:**

- "Worked for the agency for seven years, no issues or concerns; all good."
- "Can raise concerns with the manager. We get lots of training."
- "Getting on one hundred percent, they have been really good with me. I have no concerns, can speak to the manager at any time."
- "Training is good."

##### **Comments from services supplied:**

- "Any Bond agency staff that have completed respective shifts within the service have been good. No issues or concerns to note in that respect. The staff members have always been engaged and proactive whilst on shift. On call staff as well have been helpful and friendly when contacted too."

There were no responses to the 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 6 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 6 March 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.	<b>Met</b>
	The registered person should forward a copy of the Quality Monitoring report to RQIA by the 10 <sup>th</sup> of each month until further notice.  <b>Ref:</b> 5.2.5  <b>Action taken as confirmed during the inspection:</b> Inspector confirmed that a system was in place for evaluating the quality of the services which the agency arranges to be provided.	

## 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 annually 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. They could also describe their role in relation to reporting poor practice.

The agency retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with Moving and Handling training appropriate to the requirements of their role.

All staff had been provided with training in relation to medicines management.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles.

### **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 training records confirmed that staff had completed training in Dysphagia and 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 pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, it was identified that on a number of occasions a full employment history had not been obtained for staff employed. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager advised that there were no volunteers supporting within the agency.

#### **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 an induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a structured induction programme. Staff are also required to complete an induction in the places they are supplied to. Written records were retained by the agency 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. Staff are required to complete annual training updates in a range of areas.

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

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with the services where staff had been supplied. Comments included:

- "Pass on compliments that the staff member is working really well at the scheme."
- "Staff member is very competent."
- "Staff absolutely brilliant and worked well on shift."

The reports included details of a review of accident/incidents; safeguarding matters; staff staffing arrangements including recruitment, training and NISCC registration.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

## 6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

The area for improvement and details of the QIP were discussed with Victoria Neale, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.2  <b>Stated:</b> First time	The registered person shall ensure that a full employment history is obtained for all staff employed.  Ref: 5.2.3
<b>To be completed by:</b> Immediate and ongoing from the date of inspection	<b>Response by registered person detailing the actions taken:</b> The Registered Manager and team are currently in contact with current candidates updating the records held to ensure the completeness of all employment histories. There has been a complete review of all registered candidates. A new system has been implemented whereby a new candidate is unable to proceed in the onboarding journey without providing a full employment history."

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA