

Inspection Report

30 March 2022



Bond Healthcare

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Bond Search & Selection Ltd	Registered Manager: Mrs Tanya-Rose Mitchell
Responsible Individual: Mr Jonathan Mark St Clare	Date registered: 13/09/2018
Person in charge at the time of inspection: Mrs Tanya-Rose Mitchell	
Brief description of the accommodation/how the service operates: 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 announced inspection was undertaken via zoom on 30 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 agency's 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 to service users. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff, and the management of adult safeguarding, incidents and complaints.

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:

- contact with staff and the agencies that staff are supplied 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 and this included questionnaires. In addition, an electronic survey was provided to enable staff to provide feedback to the RQIA.

4.0 What people told us about the service

No questionnaires were returned prior to the issuing of the report. There were no responses to the electronic survey.

We requested feedback from agencies that staff are supplied to; comments received are detailed below.

- "They are good at responding to emails, the staff that have come through are pleasant, nothing is a problem for them, and they have settled in well with the team and building relationships with the service users. No concerns at my end with them."
- "Yes we have found our experience positive, we would have open lines of communication with ***** the recruitment manager and feel able to communicate if there are any issues or concerns with regards to the practice of the support workers."

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 to Bond Healthcare was undertaken on 16 April 2018 by a care inspector. An inspection was not completed for the 2019-2020 and 2020-2021 inspection years due the first surge of the Covid-19 pandemic.

Areas for improvement from the last inspection on 16 April 2018		
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 11.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that the policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DPSSPS guidance.</p> <p>Ref: 6.1</p> <p>Action taken as confirmed during the inspection: The agency's policy for Staff Recruitment, August 2021 was reviewed. It details the recruitment process to comply with legislative requirements and guidance.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that the procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p>Ref: 6.1</p> <p>Action taken as confirmed during the inspection: The agency's policy for Adult Safeguarding was reviewed. It was identified that staff complete adult safeguarding training annually.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.</p> <p>This relates specifically to the agency's induction policy.</p> <p>Ref: 6.1</p> <p>Action taken as confirmed during the inspection: The agency's policy for Staff Induction was reviewed. It records details of the induction provided to staff.</p>	Met

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.

It was identified that from discussions with the manager and records viewed that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter.

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 referrals made with regard to adult safeguarding since the last inspection had been managed appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

There were 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.

The manager stated that the agency is not managing any 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.

5.2.2 Are their robust systems in place for staff recruitment?

Review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards. It was noted from records viewed that required checks are completed before staff members commence 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 staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the agency's compliance team.

The manager stated that staff are alerted when their NISCC registration is due for renewal and confirmed that staff are not supplied if they are not appropriately registered.

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

It was identified that staff have completed training with regard to Dysphagia.

5.2.4 Are there robust governance processes in place?

It was identified that 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 the agencies that staff are supplied to.

The reports included details of the review of accident/incidents; safeguarding matters; complaints; and staffing arrangements. However it was noted that the reports were required to be enhanced to include details of the review of additional information such as DoLS and staff NISCC registrations. We discussed with the manager the updated guidance and template provided by RQIA with regard to the quality monitoring process. Assurances were provided that this pro-forma would be implemented and will be reviewed at the next inspection.

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 to identify trends and patterns.

There was a system in place to ensure that staff received training in accordance with the agency's policies and procedures. The manager stated that staff are not supplied if they have not completed all required training.

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 was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was 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 Tanya-Rose Mitchell, 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

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care