

Inspection Report

7 June 2022



T-Gem Healthcare

Type of service: Domiciliary Care Agency
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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

<p>Organisation/Registered Provider: Amanda Lacey t/a T-Gem Healthcare</p> <p>Responsible Individual: Mrs Mandy Lacey</p>	<p>Registered Manager: Ms Jennifer Speers - Application submitted – registration pending</p> <p>Date registered: Acting Manager since 26 August 2020</p>
<p>Person in charge at the time of inspection: Ms Jennifer Speers</p>	
<p>Brief description of the accommodation/how the service operates:</p> <p>This is a domiciliary care agency which provides personal care and housing support to 51 older people or people who have a learning disability within the Belfast Health and Social Care Trust (BHSCT), South Eastern Health and Social Care Trust (SEHSCT) and Southern Health and Social Care Trust (SHSCT) areas. Service users are supported by a team of 27 staff.</p>	

2.0 Inspection summary

An unannounced inspection took place on 7 June 2022 between 10.05 a.m. and 15.30 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 Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to staff recruitment and training.

There were no areas of improvement identified.

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. At the time of writing this report no questionnaires or electronic feedback has been returned.

4.0 What did people tell us about the service?

During and following the inspection we communicated with three service users, one relative two Health and Social Care (HSC)Trust representatives and two staff members.

The information provided from service users indicated that there were varied opinions in relation to the agency. The inspector contacted the manager regarding matters discussed with one service user and a relative and the matters were investigated promptly.

Comments received included:

Service users' comments:

- "Yes, I am happy, no complaints"
- " Very happy, they are lovely girls"
- " They treat me well"

Service users' relative's comments:

- "Carers are very nice."
- "Some will have a cup of tea with us"
- "I am not sure what they should be doing"

Staff comments:

- " If the service user is happy we are happy"
- "Rotas can be challenging but it is getting better"
- " Any problems I ring the office and they are very approachable"

- “Service users have a good quality of care.”

HSC Trust representatives’ comments:

- “Any clients I have with the service have been very happy”
- “Communication is good with T-Gem.”
- “I have not had any complaints about this service”

5.0 The inspection

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

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 1 November 2021 by a care inspector. No areas for improvement were identified.

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).

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. They could also 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 retained records of any referrals made to the 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).

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency

had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns. One service user provided varied opinions about the care received; these matters were raised with the manager who agreed to investigate and provide additional training including infection control training and spot checks. These areas will be reviewed at the next inspection.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. The manager confirmed that where the agency was unable to provide training in the use of specialised equipment, this would be identified by the agency before care delivery commenced and the agency would request this training from the HSC Trust.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, staff had training in Dysphagia and how to respond to a choking incident.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. Staff were familiar with how food and fluids should be modified.

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

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff commenced employment and had direct engagement with service users. Records reviewed evidenced that criminal record checks (AccessNI) had been completed for staff before the commencement of employment.

A review of the records confirmed that all staff provided were appropriately registered with the NISCC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

The manager told us that the agency does not use volunteers or voluntary workers.

5.2.5 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, 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 robust, structured, three day induction programme which also included shadowing of a more experienced staff member. 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.

5.2.6 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 service users, service users' relatives' representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding and staffing arrangements.

The inspector noted that the reports included numbers of missed calls but did not contain reasons for this. These matters were discussed with the person manager and advice was given regarding recording sufficient detail within the reports and accessing recent guidance in respect of monthly monitoring within the RQIA website. Monthly monitoring reports will be reviewed at the next inspection.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately. Following the inspection, evidence of insurance was submitted to RQIA.

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

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

6.0 Conclusion

RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Jennifer Speers, Manager and Mrs Mandy Lacey Responsible Person. as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	0	0



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