

# Inspection Report

1 November 2021



## T-Gem Healthcare

Type of service: Domiciliary Care Agency  
Address: 17 Main Street, Dundrum, BT33 0LU  
Telephone number: 028 4372 4377

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Amanda Lacey t/a T-Gem Healthcare</p> <p><b>Responsible Individual:</b> Mrs Mandy Lacey</p>	<p><b>Registered Manager:</b> Ms Jennifer Speers - Application submitted – registration pending</p> <p><b>Date registered:</b> Acting Manager since 26 August 2020</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Mandy Lacey Responsible Individual</p>	
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This is a domiciliary care agency which provides personal care and housing support to 62 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 35 staff.</p>	

## 2.0 Inspection summary

An announced inspection was undertaken on 1 November 2021 between 10.45 a.m. and 13.45 p.m. by the care inspector.

The Regulation and Quality Improvement Authority (RQIA) had completed an unannounced inspection on 13 July 2021 following receipt of information/intelligence which raised concerns in relation to safeguarding practices, medication record keeping and management of staff at the agency. This resulted in three Failure to Comply (FTC) notices being issued.

The FTC notices related to the agency's safeguarding practices, retention of medication records and management of staff in keeping with the regulations and minimum standards.

The inspection sought to assess the level of compliance achieved in relation to the FTC notices issued on 9 August 2021:

### Failure to Comply Notices

FTC Reference: FTC000158

FTC Reference: FTC000159

FTC Reference: FTC000160

The date of compliance with the notices was 1 November 2021.

During this inspection, evidence was available to validate compliance with the FTC's.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

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.

### 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.

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

- the requirements as indicated in the failure to comply notices **FTC Ref: FTC000158, FTC000159 and FTC 000160**
- the registration status of the agency
- written and verbal communication received since the previous care inspection
- previous care inspection reports and quality improvement plan (QIP)

The following methods and processes used in this inspection include the following:

- a discussion with the responsible individual
- review of information relating to the failure to comply notices
- review of information relating to the area for improvement outlined in the previous QIP

### 4.0 What people told us about the service

Following the inspection we made telephone contact with a SEHSCT representative who indicated they were satisfied with the service provided by the agency.

### 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 of the agency was undertaken on 13 July 2021 by a care inspector. On 4 August 2021, RQIA held a meeting with the responsible individual and registered manager, to discuss the inspection findings. RQIA intended to serve three Failure to Comply Notices in relation to safeguarding practices, retention of medication records and management of staff at the agency. At the meeting the responsible individual/manager outlined the actions taken and

those planned to be taken, to address the concerns raised. RQIA was not satisfied with the assurances provided and the decision was made to issue three FTC's, with a date of compliance to be achieved by 1 November 2021. Actions required to be taken were detailed in the FTC notices. For this reason, these were not included in the QIP.

<b>Areas for improvement from the last inspection on 13 July 2021</b>		
<b>Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.	<b>Met</b>
	This relates specifically to DoLS training for all staff.	
	<b>Action taken as confirmed during the inspection:</b> Review of training records confirmed all staff had completed DoLS training appropriate to their roles and responsibilities.	

## 5.2 Inspection findings

### 5.2.1 Failure to Comply Notices

**FTC Ref: FTC000158**

**Notice of failure to comply with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.**

**Registered person – general requirements and training**

**Regulation 11.-**

*(1)The registered provider and the registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competency and skill.*

In relation to the notice, the following three actions were required to comply with this regulation.

The Registered Provider and the Manager must update their training to ensure they have a detailed knowledge of the Adult Safeguarding arrangements which are specific to Northern Ireland (NI).

The Registered Provider must ensure that there is a clear process in place for the reporting, recording and retention of all Adult Safeguarding concerns.

The Registered Provider must update their Adult Safeguarding Champion training.

During this inspection we evidenced certificates to confirm the Registered Provider and Manager had completed Adult Safeguarding training specific to NI and the Registered Provider had updated their Adult Safeguarding Champion training. It was noted that the Registered Provider had a clear and robust process in place for the reporting, recording and retention of Adult Safeguarding referrals to the appropriate Trust area.

**FTC Ref: FTC000159**

**Notice of failure to comply with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.**

**Arrangements for the provision of prescribed services**

**Regulation 15.-(6)**

**The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall-**

*(a) specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made;*

In relation to the notice, the following two actions were required to comply with this regulation.

The Registered Provider and the Manager must take all appropriate measures to communicate with all other relevant stakeholder groups, including the service users and/or their families, Health and Social Care Trusts and PSNI (where appropriate), to ensure that staff who are not rostered for duty or who have been removed from the rota do not visit vulnerable service users' homes until advised they can do so by the Registered Provider or the Manager.

The Registered Provider must establish robust governance arrangements to ensure that only those staff who are rostered for duty attend service users' homes to deliver prescribed care or services.

During this inspection it was noted that contracts of employment and staff handbooks had been updated to advise staff that they should not attend service user's homes if they were not rostered to do so. The Registered Provider shared letters sent to the staff concerned, advising them to stop visiting service user's homes whilst off the rota. These letters were also shared with the relevant stakeholders.

It was established that service users were sent questionnaires and were asked 'if staff they were expecting were the only staff turned up?' and 'are the carers the ones named on your rota'? There was evidence of completed questionnaires held at the agency.

**FTC Ref: FTC000160**

**Notice of failure to comply with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.**

## Records

### Regulation 21.-(1)

**The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-**

*(a) kept up to date, in good order and in a secure manner;*

*(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.*

In relation to the notice, the following three actions were required to comply with this regulation.

The Registered Provider and the Manager must update their medication training to improve their understanding of their roles and responsibilities in relation to the recording of the administration of medication and the retention of medication records.

The Registered Provider and the Manager must ensure audits are carried out in relation to the administration of medication and the recording and retention of medication records.

The Registered Provider and the Manager, in undertaking the required audit of medication records, must ensure that staff signatures on these records match those of the staff rostered to be present at the call.

During this inspection we evidenced certificates to confirm the Registered Provider and Manager had updated their medication training which included roles and responsibilities in relation to administration, recording and retention of medication records.

There was evidence of audits carried out by the Registered Provider/Manager on staff administering medication which matched the staff allocated on the rota. Written signatures were checked against the staff signature list and the electronic signature also matched the written entry.

It was noted that random medication audits were carried out monthly and records kept in the medication audit file.

## 6.0 Conclusion

Evidence was available to validate compliance with the three Failure to Comply Notices.

**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 Mandy Lacey, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

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



The Regulation and  
Quality Improvement  
Authority

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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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