

Unannounced Care Inspection Report 8 September 2020



T-Gem Healthcare

Type of Service: Domiciliary Care Agency
Address: 17 Main Street, Dundrum, BT33 0LU
Tel No: 02843724377
Inspector: Kieran Murray

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency which provides personal care and housing support to 32 individuals with people of older age and learning disability needs within the South Eastern Health and Social Care Trust (SEHSCT) and Southern Health and Social Care Trust (SHSCT). Service users are supported by 26 staff.

3.0 Service details

<p>Organisation/Registered Provider: Amanda Lacey t/a T-Gem Healthcare</p>	<p>Registered Manager: Mrs Mandy Lacey</p>
<p>Responsible Individual(s): Mrs Mandy Lacey</p>	

Person in charge at the time of inspection: Mrs Mandy Lacey	Date manager registered: 16 September 2019
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4.0 Inspection summary

An unannounced inspection took place on 8 September 2020 from 09.40 to 16.30.

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.

Since the last inspection on 2 August 2019, RQIA were notified of a number of notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within T-Gem Healthcare, it had been some time since the last care inspection. Therefore, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

An area requiring improvement was identified in relation to staff inductions.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing Midwifery Council (NMC). Good practice was also found in relation to all current Covid-19 guidance and the use of Personal Protection Equipment (PPE) guidelines. Covid-19 education and management including: infection, prevention and control (IPC) measures and quality monitoring measures.

Service user comments:

- "I have a regular girl who comes to see me."
- "It's nice to have a regular person."
- "They are usually on time."
- "The staff wear masks and gloves."
- "I get a good service."
- "The manager sent out letters to advise of new address."

Relative's comments:

- "We get an afternoon sit."
- "Service works like clockwork."
- "We have two carers sharing the rota."
- "All staff are fantastic and are taking good care of my dad."
- "The girls wear face masks, gloves and aprons."

HSCT representative comments:

- “Very happy with the care my client is getting.”
- “I am arranging an around the table (yearly) review.”
- “I have no concerns or worries.”
- “The communication is good at the agency.”

Staff comments:

- “I was shadowed to clients.”
- “We have full PPE available to us.”
- “I wear PPE when carrying out personal care.”
- “I get tested for Covid-19 every three to four weeks.”
- “There are enough sanitisers.”
- “We got e-learning training and a new video on donning and doffing and disposal.”
- “We must wear full PPE for personal care.”
- “This is a good place to work.”
- “I would report any safeguarding concerns.”
- “We can do extra training.”
- “Well organised and communicative management team.”

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Mandy Lacey, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent pre-registration care inspection dated 2 August 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 August 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with HC professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff visited service users.

- recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

During the inspection the inspector met with the manager, deputy manager, two staff and telephone communications with one service user, three service users' relatives, Following the inspection the inspector made telephone contact with one service user and one Trust professional.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; six responses were received from staff and three from visiting professionals for inclusion in the report.

There was one response which indicated that a staff member was 'very unsatisfied' that the care was safe, effective, compassionate and the service was well led. However, the comments made alongside these responses did not indicate any concerns. As there was no contact details recorded for staff, the inspector spoke to the manager on the 25 September 2020 and discussed the feedback received. The inspector has been assured by the manager that the comments made would be discussed with staff in the forum of a staff meeting and a record retained for review at the next inspection.

Five returned responses did not indicate that the staff had concerns that care was not safe, effective, compassionate or that the service was not being well led.

Ten questionnaires were also provided for distribution to the service users and their representatives; two responses were received for inclusion in the report.

Of the two questionnaires returned by service users/relatives, one indicated that they were 'very satisfied' with the quality of service received in each of the four areas requested. The other indicated that they were 'undecided' that care was safe, effective, compassionate but 'very satisfied' that the service was well led.

As there was no contact details recorded for service users/relatives, the inspector spoke to the manager on the 25 September 2020 and discussed the feedback received. The inspector has been assured by the manager that during quality monitoring visits the agency would obtain the views of service users/relatives on the quality of service delivered and a record retained for review at the next inspection.

The inspector requested that the person in charge place a "Tell us" card in a prominent position in the agency to allow service users, family members and friends who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

The inspector would like to thank the manager, service users, service user's relatives, staff and SEHSCT staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 2 August 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 5 Stated: First time	The registered person shall review and amend the statement of purpose to include all the matters listed in Schedule 1. This should include the provision of a live-in service Ref: 6.0	Met
	Action taken as confirmed during the inspection: The inspector confirmed that all matters listed in Schedule 1 had been included which also included a live-in service.	
Area for improvement 2 Ref: Regulation 6 Stated: First time	The registered person shall review and amend the service user's guide to include the provision of a live-in service. Ref: 6.0	Met
	Action taken as confirmed during the inspection: Inspector confirmed that a live-in service had been included in the service user guide.	
Area for improvement 3 Ref: Regulation 17 Stated: First time	The registered person shall prepare a staff handbook and provide a copy to each staff member. Ref: 6.0	Met
	Action taken as confirmed during the inspection: Inspector confirmed that a handbook is now available for each member of staff.	

Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 14.2 Stated: First time	The registered person shall ensure there are written procedures for safeguarding children and young people consistent with legislation, DHSSPS guidance and regional procedures. Ref: 6.0	Met
	Action taken as confirmed during the inspection: The inspector evidenced a safeguarding children and young people policy in accordance with legislation, DHSSPS guidance and regional procedures.	
Area for improvement 2 Ref: Standard 13.2 Stated: First time	The registered person shall ensure that the written policy and procedure details the arrangements for the frequency of staff supervision and appraisal. Ref: 6.0	Met
	Action taken as confirmed during the inspection: The inspector reviewed the supervision and appraisal policy and found it outlined the frequency of supervisions and appraisals.	
Area for improvement 3 Ref: Standard 9 Stated: First time	The registered person shall ensure that the written policy and procedure is developed detailing the provision of live-in care. Ref: 6.0	Met
	Action taken as confirmed during the inspection: The inspector reviewed the live-in policy and found it to be satisfactory.	

6.1 Inspection findings

Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to AccessNI. The inspector reviewed documentation in four staff files in relation to pre-employment checks which provided assurances that AccessNI checks were completed before commencement of employment. However, the inspector could not locate a second reference relating to one file. Following the inspection and within an agreed timeframe the manager forwarded a copy of the second reference to RQIA. The inspector reviewed the information and found it to be satisfactory.

The inspector reviewed four records relating to staff inductions but could not be assured that the inductions lasted at least three days which is in accordance with the timescales detailed within the Regulations. An area for improvement has been made in this regard.

A review of all staff records confirmed that all staff were currently registered with NISCC/NMC. The inspector noted that the manager had a system in place each month for monitoring registration status of staff with NISCC/NMC and confirmed that all staff are aware that they are not permitted to work if their NISCC/NMC registration had lapsed.

The inspector reviewed the records relating to staff training and found that records relating to Deprivation of Liberty safeguarding (DoL's) were not up to date. Following the inspection and within an agreed timeframe the manager forwarded an updated list of staff's completed DoL's training. The inspector reviewed the information and found it to be satisfactory.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted that records relating to safeguarding training completed by staff were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that the agency had not made any safeguarding referrals to the Trust since the last inspection 2 August 2019. On the day of the inspection the Annual Position Report was available for review by the inspector. The inspector reviewed the report and found it be satisfactory.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

The inspector spoke to two staff members, who were knowledgeable in relation to their responsibility in reporting concerns. The staff members spoken to were confident that management would take them seriously and act upon their concerns.

On the day of the inspection it was noted that there were no restrictive practices in place.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans. The inspector noted risk assessment being updated on the day of the inspection. Annual care reviews with the service user, representatives and relevant Trust representative had not taken place as the agency was not operating a year at the time of the inspection.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector noted the following comments from service users, relatives, agency staff and Trust professionals on the monthly quality monitoring reports:

Service users

- ‘Gets on well with XXXX carer.’

Relatives

- ‘Girls are lovely, XXX much more settled.’

Staff

- ‘Loving (their) role’

Trust professionals

- ‘XXX carers are excellent.’

The agency maintains a policy relating to complaints and compliments; these records are recorded and managed in accordance with the agency’s policy and procedure. On the day of the inspection it was noted that the agency had received a number of complaints. The inspector reviewed the records relating to the complaints and found that they had been managed within the agency’s policy and procedure. The inspector also noted that the complainants were fully satisfied with the outcomes.

The inspector reviewed the Statement of Purpose (2020) and Service User Guide (2020) and noted that both documents needed to be updated to include information on restrictive practice, DoL’s and Covid-19. The manager updated both documents on the day of the inspection. The inspector reviewed both documents and found them to be satisfactory.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff AccessNI, NISCC/NMC registrations, adult safeguarding, risk management, collaborative working and service user involvement.

Areas for improvement

An area for improvement was identified in relation to staff inductions during the inspection.

	Regulations	Standards
Total number of areas for improvement	1	0

Covid-19:

The inspector spoke to two staff members, who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff spoken to on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include Covid-19 and were available in hard copy within the agency.

Staff who spoke to the inspector described how and where donning and doffing of PPE happened within the agency.

The inspector evidenced daily cleaning schedules within the agency. The inspector noted two meter guides for staff and visitors throughout the agency.

Hand sanitisers were placed in different areas throughout the agency for staff visiting professionals and visitors to use to ensure good hand hygiene.

The manager advised the inspector that monitoring of staff practices took place by direct observations, service user/relative feedback.

The manager advised the inspector that information was disseminated to staff the agency WhatsApp group.

Areas of good practice

Compliance with Covid-19 guidance.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Mandy Lacey, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 16 (5) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Where an agency is acting otherwise as an employment agency, the registered person shall ensure that-</p> <p>(a) a new domiciliary care worker ("the new worker2) is provided with appropriately structured induction training lasting a minimum of three full working days.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: All staff do receive a three day induction. However, following the inspection and on the advice of the inspector a form has been implemented to evidence more clearly the dates of each induction day which is signed by management and the new starter.</p>

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



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