

Inspection Report

13 July 2021



T-Gem Healthcare

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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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: Manager</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 50 older people or people who have a learning disability within the 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 26 staff.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 13 July 2021 between 10.25 am and 16.00 pm by the care inspector.

RQIA received information/intelligence on 6 July 2021 which raised concerns in relation to safeguarding practices, medication record keeping and management of the agency. In response to this information RQIA decided to undertake an inspection.

We spoke to service users/relatives who substantiated the concerns in relation to safeguarding and management at the agency. RQIA was unable, however, to substantiate the medication record keeping concern as this document could not be located. The manager told us that she was aware of the incident which was not reported as a safeguarding concern.

This inspection focused on staff recruitment, registration with Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) and adult safeguarding. The inspection also examined notifications, complaints, intelligence, whistleblowing, Deprivation of Liberty Safeguards (DoLS) restrictive practice, monthly quality monitoring and Covid-19 guidance.

As a result of the inspection undertaken on 13 July 2021 and intelligence received, RQIA had concerns that the safeguarding practices, retention of medication records and management of staff provided by T-Gem Healthcare had fallen below the required minimum standards.

This resulted in enforcement action being taken and three Failure to Comply (FTC) notices were issued under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Actions required to be taken are detailed in the FTC notices. For this reason, these are not included in the Quality Improvement Plan (QIP). A further area for improvement included in the QIP relates to Deprivation of Liberty Safeguards (DoLS) training for staff.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users' homes. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

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 inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, quality improvement plan (QIP), notifications, concerns, intelligence and any written and verbal communication received since the previous care inspection.

The inspection focused on:

contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service

reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with one service user, one relative, the responsible individual and manager. No questionnaires or electronic feedback was received prior to the issue of the report.

Comments received during inspection process-

Service users' comments

"I have had a lot of different carers."

“I never had any issues with any other staff but one.”

Relative comments

- “I am unsettled that good staff have left.”
- “No major concerns.”
- “Staff have turned up despite cancelled shifts.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or

The last inspection to T-Gem Healthcare was undertaken on 8 September 2020 by a care inspector. A QIP was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 8 September 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (5) (a) Stated: First time	Where an agency is acting otherwise as an employment agency, the registered person shall ensure that- (a) a new domiciliary care worker (“the new worker2) is provided with appropriately structured induction training lasting a minimum of three full working days. Ref: 6.1	Met
	Action taken as confirmed during the inspection: A review of induction records confirmed new staff had completed at least three days of induction.	

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 examined by the inspector. The agency’s procedures in relation to the Safeguarding of Adults (2016) were in accordance with the regional guidance ‘Adult Safeguarding Prevention and Protection in

Partnership' July 2015. The agency had an identified Adult Safeguarding Champion (ASC) and the agency had prepared an Adult Safeguarding Position report.

The Registered Provider and manager reported that only one referral had been made to the HSCT safeguarding team since the last inspection of 8 September 2020. RQIA later established that a further adult safeguarding incident had occurred and this had not been forwarded to the SHSCT safeguarding team. In the absence of an appropriate referral by the agency, RQIA submitted the necessary documentation to the relevant safeguarding team.

A review of records relating to adult safeguarding training identified that all staff, including the Registered Provider and manager, had completed required training updates. The Registered Provider and Manager confirmed they did not recognise that the incident was an adult safeguarding concern.

Relatives told us that staff who were not currently on the rota had continued to visit service users' homes. The Registered Provider and Manager told us that they were unaware this practice was continuing.

Records relating to medication were not available during the inspection. Following the inspection RQIA was advised by the Registered Provider that the medication records could not be located in the service user's home.

In accordance with RQIA's Enforcement Policy and Procedures, an intention to serve three Failure to Comply Notices meeting was convened via teleconference on 4 August 2021. The meeting was to discuss with the Registered Provider and the Manager RQIA's concerns in respect of Regulation 11 (1), Regulation 15 (6) (a) and Regulation 21 (1) (a) (c) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

During the intention meeting the Registered Provider and the Manager from T-Gem Healthcare acknowledged the failings and provided an account of the actions and arrangements taken to date to ensure the improvements to achieve full compliance with the required regulations. RQIA was not sufficiently assured that these improvements had been made as a number of areas required time to fully embed processes into practice.

As a result three Failure to Comply Notices were issued under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The Registered Provider and the Manager are required to demonstrate compliance with these regulations on or before 2 November 2021. Actions required to be taken are detailed in the FTC notices. For this reason, these are not included in the QIP.

Review of training records confirmed that not all staff had undertaken DoLS training appropriate to their job roles. This was identified as an area for improvement. The Manager told us that there were no DoLS or restrictive practices within the agency.

It was established that the agency does not manage individual service users' monies.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

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

The manager confirmed that the agency had not received any specific recommendations from the Speech and Language Therapist (SALT) in relation to service users' Dysphagia needs to ensure the care received in the setting was safe and effective.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates are 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 Are there robust governance processes in place?

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 engagement with service users, service users' relatives, staff and BHSCT/SEHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents; safeguarding matters, complaints, staff recruitment, training, and staffing arrangements. It was noted that 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.

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 organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

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).

The acting management arrangements were discussed. The application for permanent manager is under consideration by RQIA.

6.0 Conclusion

Significant concerns were identified during the inspection regarding Adult Safeguarding practices, retention of medication records and staff management. RQIA was concerned that the Registered Provider and the Manager were lacking in knowledge regarding The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. This resulted in Enforcement action being taken. Based on the lack of assurances received, three FTC notices were issued under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, in relation to Regulation 11 (1), Regulation 15 (6) (a) and Regulation 21 (1) (a) (c). Actions required to be taken are detailed in the FTC notices. For this reason, this is not included in the Quality Improvement Plan (QIP).

Based on the inspection findings, one further area for improvement was identified. This related to DoLS training for all staff. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

	Regulations	Standards
Total number of Areas for Improvement	0	1

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

Quality Improvement Plan

Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This relates specifically to DoLS training for all staff.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: All staff have now completed DoLS training.</p>

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