

Inspection Report

2 October 2023



Grace Care Services NI

Type of service: Domiciliary Care Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Grace Hospital 2 Home Limited	Registered Manager: Miss Carly Moore
Responsible Individual: Ms Alice Mhizha	Date registered: Awaiting Registration
Person in charge at the time of inspection: Miss Carly Moore	
Brief description of the accommodation/how the service operates: Grace Care Services NI is a domiciliary care agency which provides a range of personal care and support to service users living in their own home. Services are commissioned by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An announced inspection took place on 2 October 2023 between 09.15 a.m. and 11.15 a.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. The reporting and recording of accidents and incidents, complaints, whistleblowing, service user involvement, Deprivation of Liberty Safeguards (DoLS) and dysphagia.

Good practice was identified in relation to client involvement recruitment, quality monitoring, induction and training.

We noted some of the compliments received by the agency from various sources:

- "Grace provide an excellent service."
- "Thanks for the care and happiness to my mother."
- "Very caring girls."

The inspector would like to thank the staff and service users for their help and cooperation during the inspection it was much appreciated.

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, staff or the commissioning trusts.

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 staff and service users on how they could provide feedback on the quality of services. This included an electronic staff survey and service user questionnaires.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "Great staff."
- "They treat me well."
- "Always on time."
- "Always respect me."
- "They are friendly and helpful."
- "All in all they are very good."

Staff comments:

- "I had a good comprehensive induction and shadowed other staff."
- "I find all the staff helpful."
- "My training has been completed."
- "Manager is very supportive."

- “I enjoy the work and the company.”
- “I have no issues.”

No staff or service users responded to the questionnaires or the electronic survey prior to the issue of this report.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 3 November 2022 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 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). The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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 are managed appropriately when required.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. We reviewed a number of individual staffs training records that were satisfactory.

Staff had completed appropriate DoLS training appropriate to their job roles.

It was positive to note that service users were supported to exercise choice and control in regard to decision making and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in place supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

5.2.2 What are the arrangements for promoting service user involvement?

Services users are regularly asked to assess the quality of staff provision as part of the agencies own quality management checks.

We noted some of the comments received:

- “Staff are very accommodating and helpful.”
- “Carers are like my family.”
- “Everything is going well.”
- “Service is good.”
- “Carers are reassuring.”
- “No complaints.”
- “Staff are lovely.”
- “Any problems I can phone the office.”

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

No service users were assessed by SALT or required modified diets, a review of training records confirmed that staff had completed training on Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness training was also completed by staff during First-Aid training.

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, checks are completed before staff members are supplied for direct engagement with service users. Records reviewed 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. Information regarding registration details and renewal dates are monitored weekly by the manager. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

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 induction programme which also included shadowing of a more experienced staff member. We noted some of the comments received following shadowing by staff:

- "Very helpful and informative."
- "Very good orientation."
- "Happy with shadowing."
- "No issues a good experience."
- "Shadowing was good."

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. The records included the names and signatures of those attending the training event, the date(s) of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

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, staff and HSC trust staff. A review of the quality monitoring indicated that all those spoken with were happy with the service provided.

Service users:

- "Carers go out of their way to meet my needs."
- "Very helpful and attentive."
- "Care and support matches my care plan."

Staff:

- "Office staff are very helpful."
- "Service users get the best care possible."
- "No areas of concern."

Relatives:

- “Things are running a lot smoother.”
- “No concerns.”
- “All calls are going well.”

HSC Staff:

- “The agency has been a great help.”
- “The office staff are very helpful.”
- “Good at picking up calls when requested.”

The alphabetical list of staff employed by the agency was up to date as was the service user list.

The agency’s registration certificate was up to date and displayed appropriately along with current certificates of public and employers’ liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedure. When complaints are received these are appropriately managed and are reviewed as part of the agency’s quality monitoring process. No complaints had been received since the last inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a protocol in place for reporting any instances where staff are unable to gain access to a service user’s home. In addition to written direction, it is essential that all staff (including management) are fully trained and competent in this area.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.



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