

# Inspection Report

6 January 2022



## The Scottish Nursing Guild

Type of service: Domiciliary Care Agency  
Address: 6<sup>th</sup> Floor, City Exchange, Gloucester Street,  
Belfast, BT1 4LS  
Telephone number: 033 3323 0337

[www.rqia.org.uk](http://www.rqia.org.uk)

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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

<b>Organisation/Registered Provider:</b> Independent Clinical Services Ltd	<b>Registered Manager:</b> Ms Nuala Quinn
<b>Responsible Individual:</b> Miss Kate Nicholson-Florence	<b>Date registered:</b> 12 May 2020
<b>Person in charge at the time of inspection:</b> Miss Kate Nicholson-Florence	
<b>Brief description of the accommodation/how the service operates:</b>  The Scottish Nursing Guild which is located in Belfast is a domiciliary care agency which provides personal care, practical and social support to people living in their own homes.	

## 2.0 Inspection summary

An announced remote care inspection was undertaken on 6 January 2022, between 10 a.m. and 12.20 p.m.

This inspection focused on recruitment, staff registrations with Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to staff training and appropriate checks being undertaken before staff were supplied to service users' homes. There were good governance and management oversight systems in place. Good practice was also found in relation to 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 and quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the responsible individual and the manager.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how care workers' registrations with NISCC were monitored by the agency.

During the inspection, we discussed any complaints that had been received and incidents that had occurred, with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff and service users' relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA. No responses were received via the electronic survey prior to the issue of the report.

Five areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the responsible individual and the manager at the conclusion of the inspection

#### **4.0 What people told us about the service**

We spoke with three staff following the inspection. The following is a sample of comments made:

##### **Comments from staff included:**

- "Good communication from the manager, if anything changes in relation to the service user's care we are told right away."
- "A very very good agency to work for."
- "I got a very good induction and had to complete a huge amount of training before I could commence my role; training was very relevant to my role."
- "Training updates must be completed annually or you are unable to undertake shifts; good training provided."
- "The manager is very supportive and always available to take your call and listen."
- "Risk assessments and care plans are always available in the service user's home; very detailed."

## 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 to The Scottish Nursing Guild was undertaken on 18 December 2019 by a care inspector; five areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 18 December 2019		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 5 (1)  <b>Stated:</b> First time	The registered person shall review and amend the statement of purpose to include all the matters listed in Schedule 1.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The statement of purpose was reviewed following the last inspection to include all the matters listed in Schedule 1.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 6 (1) (a)  <b>Stated:</b> First time	The registered person shall review and amend the service user's guide to ensure it is reflective of the nature and range of services provided.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The service user's guide was reviewed following the last inspection to include the nature and range of services provided.	

<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that the service user agreement reflects the type of service to be provided.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The service user agreement was reviewed following the last inspection to reflect the type of service to be provided.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 15.1  <b>Stated:</b> First time	The registered person shall ensure the complaints policy and procedure has been reviewed and amended and is in accordance with legislation and Department of Health (DOH) Guidance in relation to the Health and Social Care Complaints Procedure (April 2019).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The complaints policy and procedure was reviewed following the last inspection in accordance with legislation and Department of Health (DOH) Guidance in relation to the Health and Social Care Complaints Procedure (April 2019).	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	The registered person shall review the induction policy and procedure with regard to the NISCC induction standards for care staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The induction policy and procedure was reviewed following the last inspection to include the NISCC induction standards for care staff.	

## 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 reviewed. The manager advised that the organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy Adult Safeguarding Prevention and Protection in Partnership, July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns outside of normal business hours.

It was identified that staff are required to complete adult and children safeguarding training during their induction programme and required updates annually thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 had a system for retaining a record of referrals made to the relevant HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager told us that no service users met the criteria to have a DoLS process put in place at this time. The manager also told us that there were no restrictive practices in place at the time of the inspection.

The manager confirmed the agency does not manage individual monies belonging to the service users.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19.

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

The manager advised that none of the service users had been assessed by SALT in relation to dysphagia needs. The manager was aware of the reporting procedures to SALT.

It was positive to note that staff had undertaken dysphagia training.

### **5.2.3 Are there robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) 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 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.

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

### **5.2.4 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. We reviewed a sample of these reports. The reports included details of the review of accident/incidents; safeguarding matters; complaints; staff recruitment and training and NISCC registration. It was noted that an action plan was generated, if appropriate, to address any identified areas for improvement.

There is a process for recording complaints in accordance with the agency's policy and procedures. Review of the complaints record evidenced that no complaints had been recorded since the last care inspection.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff and were easily accessible to staff.

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) since the last inspection.

## **6.0 Conclusion**

Based on the inspection findings and discussions held with the responsible individual, the manager and staff RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led.

There were no areas for improvement identified during this inspection.



The inspector would like to thank the responsible individual, the manager and staff for their support and co-operation throughout the inspection process.

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

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





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)

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