

Inspection Report

21 January 2022



Kingdom Healthcare Ltd

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: Kingdom Healthcare Ltd	Registered Manager: Mrs Mary Lorraine Collins
Responsible Individual: Ms Patricia Mary Casement	Date registered: 13 May 2021
Person in charge at the time of inspection: Ms Jane Montgomery, acting manager	
Brief description of the accommodation/how the service operates: Kingdom Healthcare Ltd is a domiciliary care agency which provides a range of personal care and social support services to 98 service users living in their own homes within the Northern Health and Social Care Trust (NHSCT) area. The agency also provides care and support services to 23 privately funded service users within the Belfast Health and Social Care Trust (BHSCT). Service users have a range of needs including physical disability, dementia, learning disability, mental health and elderly care needs. Service users are supported by 74 staff.	

2.0 Inspection summary

An unannounced inspection was undertaken on 21 January 2022 between 10.05 a.m. and 5.30 p.m. by the care inspector.

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

As a result of the inspection undertaken on 21 January 2022, RQIA had concerns that the process for the recruitment of staff, staff training and induction, management of complaints, safeguarding practices and the governance, management and oversight by the Responsible Individual had fallen below the required regulations and minimum standards.

In accordance with RQIA's Enforcement Policy and Procedures, an intention to serve seven Failure to Comply Notices meeting was convened via teleconference on 7 February 2022. The meeting was to discuss with the Responsible Individual and the acting manager RQIA's concerns in respect of compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA issued Five Failure to Comply (FTC) notices 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).

Three further areas for improvement were identified in relation to the monthly quality monitoring reports, management of complaints and training in relation to DoLS and Dysphagia.

Good practice was 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, 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 two service users, seven relatives and eight staff. In addition, feedback was received from 13 HSCT representatives. No service user/relatives questionnaires were received and no staff responded to the electronic survey.

Comments received during inspection process-

Service users' comments:

- "I am happy with the service and there is 100% respect from all the carers."

- “I get a call if they are running late and they seldom miss a call, as they call later.”
- “There is good communication with the service and I have no concerns.”
- “I am 110% happy with the service.”
- “The girls wear their masks when they come in and I feel totally and utterly safe.”
- “The fact that they sit and chat to me is very important. They are friendly and I count them as my friends.”

Staff comments:

- “The agency keeps everyone informed and things are much improved under the new manager. Concerns raised were not followed up. The new manager seems to handle things much better.”
- “New management seems to be doing well and although new, she is doing her best and is attentive to staff. We feel listened to and valued.”
- “The feedback process regarding service users is good and I feel that that overall the service has improved.”
- “Prior to December 2021 things were woeful but since then, management have been nothing but helpful. We used to get calls added on to our runs without any consultation or discussion, now management phone us if they need to add anything on and got through everything with us.”
- “I enjoy my job and the flexibility and lifestyle that comes with it.”
- “Good relationship with the agency. I should have joined years ago.”
- “The service has changed in a positive way – new staff and better management.”
- “The service is dead on, they are short staffed and having to pull together, but everyone is getting the correct service they need.”

Service users’ representatives’ comments:

- “My relative was initially resistant however he now looks forward to the girls coming out in the morning.”
- “The carers have gone over and above for my relative.”
- “If there is a changeover of staff for a day, the regular times can vary. I would like to see more consistent times when the regular carers can’t attend. I am not contacted by the office if the carers are running late.
- “The carers are lovely and they have a good rapport with my relative, they chat to her.”
- “The timing of calls is not great. I have raised this with the Social Worker.”
- “The cares are very good and take extra time with my relative and there is relatively good communication between the carers and my family.”
- “The girls are friendly and respectful. They mainly do not miss any calls, but there have been some. There were no daily logs in my relative’s house for 7 to 10 days when the care started. There is no care plan in my relative’s house.”

HSCT representatives’ comments:

- “I have no concerns regarding the delivery or quality of care.”
- “Kingdom Healthcare has been very flexible with care delivery in aiming to best meet the needs of the service user and the carer.”
- “No copies of care plan or paperwork in service users’ homes.”
- “We are not being notified if care calls are not completed, or if certain tasks are not being completed.”

- “Spot checks are not being done in our area.”
- “Tea time calls are being done extremely early.”
- “Poor communication.”

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 Kingdom Healthcare Ltd was undertaken on 4 March 2021 by a care inspector. This was a pre-registration inspection and no areas for improvement were identified.

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).

It was identified that six safeguarding investigations had occurred since this agency became operational. The Northern Health and Social Care Trust had not been informed of two recent safeguarding allegations and it was noted that the agency had commenced internal investigations to manage the incidents; this is not in adherence to the agency's policy and procedure.

It was further noted that a service failure was identified by the Trust due to there being a delay in the agency following the safeguarding procedure. The Trust raised concerns regarding the agency's failure to adhere to the adult safeguarding process and the service user's vulnerability.

There was no evidence that the agency had robust written records of the safeguarding investigations, including the actions taken or outcomes. The documentation for one investigation was not available for review by the RQIA.

It was unclear as to whether all staff were up to date with their safeguarding training as staff training was not sufficiently monitored by the agency; the agency had neither a review of the training provided for staff, nor the dates that they attended training. It was of concern that the Responsible Individual and Registered Manager were not aware of the shortfalls in respect of staff training as this issue was identified in the monthly quality monitoring reports, yet no action was taken to improve staff training, skills and knowledge.

Due to the lack of comprehensive training records we could not establish if staff had completed DoLS training appropriate to their job roles. This was identified as an area for improvement. The acting manager told us that there were no DoLS or restrictive practices within the agency.

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 service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The acting manager advised that one service user had been assessed by a SALT. It was also noted that this information was reflected in a monitoring form completed by the agency. The care records, however, included neither the assessment, nor any recommendation made by the SALT. The service user's care plan noted that food and drink should be offered but there was no reference to the service user's known Dysphagia needs. It was also difficult to establish whether staff had completed Dysphagia training as the training records were incomplete. This issue is combined within the area for improvement already identified in relation to DoLS training.

5.2.3 Are their robust systems in place for staff recruitment?

Five staff recruitment files were reviewed and significant failings were identified in respect of the recruitment and selection process. The agency had failed to ensure that an AccessNI check was received prior to one member of staff commencing employment. Another staff member had a gap in employment and there was no evidence that the agency had either sought or recorded an explanation.

References were not always received prior to staff being supplied to service users. There was no written statement by the Responsible Individual as to the physical and mental fitness of staff members to undertake the work they were to perform. Where staff had declared they had received a caution and/or a formal warning on their application form, there was no evidence that this had been discussed with the member of staff or that a risk assessment had been completed prior to staff working with service users.

It was of further concern that the Responsible Individual and Registered Manager were not aware of the deficits in the recruitment and selection process, given the timescale pertaining to some matters. In addition, the monthly quality monitoring reports did not identify the issues or the issues were not addressed.

There were also no written records available to indicate that a comprehensive staff induction was carried out over a three day period, as stated in the regulations and standards. There was also no evidence of staff completing shadowing shifts with an experienced staff member.

Examination of staff NISCC registration records confirmed that a number of staff remained unregistered with NISCC, despite having worked in the agency for more than six months. The agency was asked to take immediate remedial action and to submit up to date records to RQIA after the inspection; a review of the updated records established that these remained inaccurate.

RQIA was concerned that the Responsible Individual and the Registered Manager had not identified this shortfall and had not taken timely and proactive steps to address this issue. It was of further concern that the process of monthly monitoring, designed to ensure robust governance, had not been effective in identifying this shortfall.

5.2.4 Are there robust governance processes in place?

The agency's governance and management arrangements were reviewed and it was noted that the system in place was not compliant with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The reports were not sufficient in that they did not include specific feedback from service users, staff or HSCT professionals on a monthly basis. There was a lack of evidence that any issues raised by service users' representatives were appropriately managed. There was also a failure to identify issues relating to staff registrations with NISCC. It was not evident that the Responsible Individual had a robust level of governance and oversight of the agency due to the significant deficits identified during the inspection. An area for improvement was identified in this regard.

The system to manage complaints received by the agency was not robust; there was no evidence of an investigation, actions taken or an outcome which was to the satisfaction of the complainant. An area for improvement was identified in this regard.

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 management arrangements were discussed; the Responsible Individual reported that the Registered Manager had tendered her resignation and there was an acting manager in place. The acting manager confirmed that she was planning to submit an application for the Registered Manager position.

6.0 Conclusion

Significant concerns were identified during the inspection regarding the recruitment of staff, staff registration with NISCC and the management of adult safeguarding practices. RQIA was concerned that the Responsible Individual and the Registered 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, the following five Failure To Comply notices were issued under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007:

- FTC000174 – staff recruitment and selection
- FTC000175 - staff registrations with NISCC
- FTC000176 - staff induction programme, including shadowing
- FTC000177 – staff training
- FTC000178 - the process for safeguarding service users

The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

The Responsible Individual and the acting manager are required to demonstrate compliance with these regulations on or before 11 April 2022. Actions required to be taken are detailed in the FTC notices. For this reason, these are not included in the QIP.

As a result of the inspection, three further areas for improvement were identified. These related to the monthly quality monitoring reports, the governance, management and oversight of the Responsible Individual, management of complaints and DoLS and Dysphagia 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 Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Patricia Casement, Responsible Individual and Jane Montgomery, acting 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 The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 23 (1) (2) (a) (b) (i) (ii) (c), (3) (4) (5) Stated: First time To be completed by: Immediately from the date of inspection and ongoing	<p>The Responsible Individual must ensure that all operational areas of the agency are scrutinised on a monthly basis; the reports of the monthly monitoring visits must include comments from staff, service users and consultation with professionals. The report must evidence a full and robust analysis of the operation of the agency and include monitoring of the staff registration with NISCC. Any comments which need to be addressed are included in the action plan and followed up in a timely manner. RQIA also requests that the reports are submitted to RQIA by the 5th day of each month.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: A list of monthly monitoring activities are completed and scrutinised each month by the Responsible Individual. A report is completed evidencing robust analysis of operations.</p>
Area for improvement 2 Ref: Regulation 22 (6)(8) Stated: First time To be completed by: Immediately from the date of inspection and ongoing	<p>The Responsible Individual ensure that every complaint made under the complaints procedure is fully investigated; records are maintained of each complaint, including details of the investigation made, the outcome and any action taken. The Responsible Individual must also ensure that there is a record to note if the outcome of the investigation was to the satisfaction of the complainant.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The Responsible Individual will ensure every complaint is fully investigated, records maintained and details of outcome and actions taken recorded. Include a record if outcome is to the satisfaction of the complainant.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed by:	<p>The Responsible Individual shall ensure that all staff undertake training in relation to the Deprivation of Liberty Safeguards (DoLS) and Dysphagia as relevant to their roles and responsibilities.</p> <p>Ref: 5.2.1 and 5.2.2</p>

Immediately from the date of inspection and ongoing	Response by registered person detailing the actions taken: The Responsible Individual will ensure all DCAs have or will undertake Deprivation of Liberty Safeguarding (DoLs) and Dysphasia training as their roles and responsibilities dictates.
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