

Inspection Report

4 May 2023



Home Instead T/A Belfast Care Ltd

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

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

Organisation/Registered Provider: Belfast Care Ltd	Registered Manager: Ms. Louise Gillespie
Responsible Individual: Mr. Roger McLaughlin	Date registered: 2 September 2022
Person in charge at the time of inspection: Mr. Roger McLaughlin	
Brief description of the accommodation/how the service operates: Home Instead T/A Belfast Care Ltd is registered with RQIA as a domiciliary care agency. The agency provides support to 28 mainly elderly adults living in Belfast and the surrounding area.	

2.0 Inspection summary

An unannounced inspection took place on 4 May 2023 between 10.30 a.m. and 3 p.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 and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement and dysphagia management were also reviewed.

Good practice was identified in relation to service user involvement and the process for staff recruitment. There were good governance and management arrangements in place.

No areas for improvement were identified.

Home Instead uses the term 'clients' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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, relatives, staff or the Commissioning Trust.

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

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:

- "I'm 100% pleased with Home Instead – no problems whatsoever."
- "Very satisfied. Staff are great."
- "Very caring and well run."

Staff comments:

- "I've worked for Home Instead for nearly a year. I got a great induction and good training. The office are very supportive and everything is well organised. Because our calls are an hour long minimum, we really get to know the clients."
- "It's the best company I've worked for. We can go into the office to update our on line training. Everything is well planned but relaxed. I'm well supported. I really build up a rapport with the clients."
- "I'm really happy in my job. The care is brilliant. Everybody goes above and beyond."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “I am very happy with my service. All the staff are such a great help to me. I’d be lost without my new friends.”
- “The Home Instead policy of unhurried, friendly visits combined with home help suits my circumstances perfectly.”

No staff responded to the electronic survey.

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 15 August 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 15 August 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 17 (2) (e) Stated: First time	The registered person shall ensure that the Staff Handbook includes the training provided on Deprivation of Liberties Safeguarding (DoLS) appropriate to their job roles. These should also be included in the Training and Development Policy.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this information was included at the time of inspection.	
Area for Improvement 2 Ref: Regulation 28 Stated: First time	The registered person shall ensure that a Notice of Changes Policy is developed as outlined in The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	Met
	Action taken as confirmed during the inspection: Inspector confirmed this Policy was available and up to date at the time of inspection.	
Area for Improvement 3 Ref: Regulation 21	The registered person shall ensure that the Management of Records Policy is reviewed in accordance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	

Stated: First time	Action taken as confirmed during the inspection: Inspector confirmed this Policy was available and up to date at the time of inspection.	Met
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 14 Stated: First time	The registered person shall ensure that the Adult Safeguarding Policy and Procedure is reviewed in accordance with the regional policies and procedures as they apply in N.I. Action taken as confirmed during the inspection: Inspector confirmed this policy and procedure were available and up to date at the time of inspection.	Met
Area for Improvement 2 Ref: Standard 14 Stated: First time	The registered person shall ensure that the adult safeguarding champion undertakes the relevant training within a set timeframe. Action taken as confirmed during the inspection: The inspector confirmed the relevant training has been completed.	Met
Area for Improvement 3 Ref: Standard 11 Stated: First time	The registered person shall ensure that the policy and procedure for staff recruitment is reviewed as outlined in the report and complies with legislative requirements and DoH guidance. Action taken as confirmed during the inspection: The inspector confirmed that the policy and procedure were in place and up to date at the time of the inspection.	Met
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure that the Training and Development policy includes all RQIA mandatory training and relevant documents on RQIA website.	

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the policy was in place and up to date at the time of the inspection.</p>	Met
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5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. 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 person in charge 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.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The notification of incidents to RQIA was discussed with the person in charge. They were 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. While no staff were involved directly in the administration of medicine, it was positive to note all had completed training in this area.

The person in charge reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves.

The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, all staff had completed Dysphagia training.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the agency.

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, three-day induction programme which also included shadowing of a more experienced staff member. 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.

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, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

As the agency has been registered with RQIA for less than a year, there was no Annual Quality Report in place. The required format of the Quality Report content was clarified with the person in charge after the inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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.

Where staff are unable to gain access to a service user's home, there is an operational policy in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

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 Mr. Roger McLaughlin, person in charge/Responsible Individual as part of the inspection process and can be found in the main body of the report.



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