

# Inspection Report

14 September 2023



## Homecare Support Services Ltd

Type of service: Domiciliary/Supported Living  
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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Homecare Support Services	<b>Registrant Manager:</b> Ms. Joanne Murray
<b>Responsible Individual:</b> Mrs Mairead Mackle	<b>Date registered:</b> 20/04/2023
<b>Person in charge at the time of inspection:</b> Ms. Joanne Murray	
<b>Brief description of the accommodation/how the service operates:</b> The agency provides bespoke support service packages to Service Users aged 16 and over who present with complex needs and high risk. The service is delivered in partnership with H SCT and other multi-agency teams, to support the Service Users to meet their full potential while living independently.	

## 2.0 Inspection summary

An announced inspection took place on 14 September 2023 between 09.15 a.m. and 11.30 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 and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management.

Good practice was identified in relation care planning, service user involvement, training and NISCC records. The outcomes for people using the service reflected the principles and values of promoting choice and control, independence, inclusion and person centred care.

No areas of improvement were identified during this inspection.

The inspector would like to thank the staff for their help, support a cooperating during the inspection.

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

#### 4.0 What did people tell us about the service?

During the inspection we spoke with staff members no service users were available.

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

Comments received included:

##### Staff comments:

- “The manager has an open door policy.”
- “Excellent care and support given.”
- “Good training provided.”
- “Staff communicate well with each other.”
- “Person centred support in place for service users.”
- “I have one to one supervision.”
- “Good comprehensive induction that included staff shadowing.”
- “Personal experiences help in providing support.”
- “We promote independence at all times.”
- “I am a member of NISCC and I’m aware of my responsibility as a support worker.”

During the inspection we provided a number of questionnaires for service users to comment on service quality and their lived experiences:

No service user's questionnaires were returned prior to the issue of this report.

One staff response was received and shows that the staff member was satisfied or fully satisfied with the service.

## 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 a Pre- Registration that was undertaken on the 17 February 2023 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 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 Adult safeguarding champion report was available for review and was 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 has a system for retaining a record of any referrals made in relation to adult safeguarding. Records reviewed and discussion with the manager indicated that no safeguarding referrals had been made since last inspection.

Staff were provided with training appropriate to the requirements of their role.

There was also evidence of regular contact with service users and their representatives.

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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff have completed Deprivation of Liberty Safeguards (DoLS) training relevant to their job roles. The manager reported that none of the current service users were subject to DoLS arrangements.

### **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 service users participate, where appropriate, in the review of the care provided on a six monthly basis, or sooner when changes occur.

Care plans promoted people's independence as far as possible. Staff were encouraged to prompt people to be independent to help them maintain control. Service users are involved in providing their feedback through regular reviews. This helps to ensure service users preferences and views were known and respected.

The service delivered had also been regularly reviewed through a range of internal and external audits. The provider regularly sought a good range of feedback from people which was consistently positive.

### **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 as requiring Dysphagia arrangements. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

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

A review of the agency's staff recruitment records identified no shortfalls in the recruitment process. Confirmation including criminal record checks (Access NI) 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). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations 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. This was confirmed by staff during the inspection. 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 of those attending the training event, the dates of the training.

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

Comments received during quality monitoring:

#### Service users:

- "Happy with service at present."
- "Xxx enjoys staff company."
- "Xxx enjoys having support workers present."

#### Staff:

- "Training was very informative and i felt supported by the Manager if i had any queries."
- "I have no issues contacting my manager."
- "xxx found training very useful especially classroom-based Managing Aggression/Dangerous behavior."

#### HSC Trust representatives:

- "xxx is very much looking forward to starting package of support."
- "Staff are doing an excellent job and work very well with service user xxx."
- "Staff are very knowledgeable and provide a great service."

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

The agency's registration certificate was up to date, as was their insurance details as required.

There was an open culture, led by the manager and described by staff as being approachable and supportive to all.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection.

## **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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