

Inspection Report

12 August 2024



Fairfields Home Care

Type of service: Domiciliary Care Agency
Address: 80a Fair Hill Road, Cookstown, BT80 8DE
Telephone number: 028 8676 6294

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Care Facilities & Management Limited	Registered Manager: Ms Deborah McDermott
Responsible Individual: Mr Phillip McGowan	Date registered: 29 March 2024
Person in charge at the time of inspection: Ms Deborah McDermott	
Brief description of the accommodation/how the service operates: Fairfields Home Care is a Domiciliary Care Agency. The agency provides personal care and social support to adults living in their own homes in the Cookstown and surrounding area.	

2.0 Inspection summary

An unannounced inspection took place on 12 August 2024 between 10.30am and 2.25pm. 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 was also reviewed.

Areas for improvement identified related to professional registration and staff recruitment.

Good practice was identified in relation to staff training.

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 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 user's relatives' and staff members.

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

Comments received included:

Service user's relatives' comments

- "The communication with the service is very good. The staff would share any concerns they may have with the family. The staff are extremely friendly; they are like friends coming into the house; they are a breath of fresh air. The carers are never rushed and take their time with my mum. They always greet us when they come in. They write up their notes during the visit. I have a phone number of who to contact if there are any concerns. We are delighted with the service. We have no concerns. It has been really positive since the word go."
- "We are happy with the service. The staff are very friendly and my mother is happy enough with the carers. The carers always introduce themselves when they arrive. The staff take their time with my mother. They are always on time. If the carers are going to be late due to traffic, they would contact us. However, this hasn't happened. They have provided contact phone numbers if we have any concerns. We are involved on the care planning. We have no complaints."

Staff comments:

- "My induction was very helpful and good. I am up to date with my core mandatory training. I am aware of my NISCC requirements to keep my registration up to date. The service is good and compassionate. My care run is perfect. I think the service is well led. Management are always available if needed or for advice and guidance."

No questionnaires were returned and no responses were received 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 19 March 2024 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).

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 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. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) (2016) 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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager 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 and through discussions with service user's relatives', it was good to note that service users had an input into devising their own plan of care. 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.

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

One service user was assessed by SALT with recommendations provided required their food and fluids to be of a specific consistency. 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 that not all pre-employment checks, were completed and verified before staff members commenced employment and had direct engagement with service users. Gaps in employment and the reasons for leaving previous employment had not been consistently recorded or discussed as part of the selection and recruitment process. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC). However, a review of the records identified one staffs' NISCC registration had lapsed. Immediate action was taken by the manager to resolve this matter. An area for improvement has been identified.

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 structured 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.

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

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. No complaints were received since the last inspection.

There was a system in place for reporting any instances where staff are unable to gain access to a service user's home.

6.0 Quality Improvement Plan (QIP)/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	0

Areas for improvement and details of the QIP were discussed with Ms Deborah McDermott, Registered Manager and Mr Phillip McGowan, Responsible Individual, 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 13 (d) Schedule 3 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Full check list has been implemented to the files and a sign off by Manager prior to schedule of shifts</p>
Area for improvement 2 Ref: Regulation 13 (d) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that all staff supplied are appropriately registered with NISCC and that records relating to staffs' registration with NISCC are kept up to date and accurate.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: NISCC audit implemented and will be checked by manager monthly</p>

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