

Inspection Report

Name of Service: Clogher Valley Care Ltd

Provider: Clogher Valley Care Ltd

Date of Inspection: 19 December 2024

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:	Clogher Valley Care Ltd
Responsible Individual:	Miss Evelyn Jennifer Frizelle
Registered Manager:	Miss Evelyn Jennifer Frizelle
Service Profile Clogher Valley Care Ltd is a domiciliary care service based in Dungannon. The service provides care and support to 115 individuals living in their own homes. The majority of service users have their care and support commissioned by the Southern Health and Social Care (HSC) Trust. The agency also services to a small number of service users who pay privately for their care and support. Services provided include personal care, medication support and meal provision.	

2.0 Inspection summary

An unannounced inspection was undertaken on 19 December 2024 between 10.05 a.m. and 4.10 p.m. 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 examined.

There were four areas for improvement identified during this inspection. These related to reporting notifiable incidents to RQIA, recording of restrictive practice, care records and monthly monitoring reports.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

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.

3.2 What people told us about the service and their quality of life

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, and their experiences of visiting or working in this agency.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users, relatives and staff to seek their views of working within Clogher Valley Care and of the support it provided.

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

Service User Comments:

- “Yes I am very happy with them – I have no concerns – I could ring them if I had any problems, they are very good.”
- “I am very, very happy. If I need them in an emergency I can ring and they will sort me out. The girls are very pleasant, would do anything to help me and I really have no complaints about any of them.”
- “I get calls a.m., lunch and evening call – I would give it 5 stars all the way – I have no problem with the girls in the office. I have mostly 4-5 carers who are all in their own way fantastic. They are really amazing – psychologically they get me out of bed in the mornings and give me reason to get up – they are all very approachable, they are very obliging, nothing is ever a bother. They are clean and tidy.”

Relatives' Comments:

- “They are first class, an absolute godsend - I wouldn't be without them. The same three carers come in and I am hundred percent happy. My relatives are very relaxed around them - I am very happy with them.”
- “I think they are great – absolutely great – any hiccups are cleared up straight away, they are just lovely and treat my relative with dignity and respect. I cannot believe how professional they are. I can go straight to the manager to sort out anything that's needed straight away.”
- “I think they are brilliant, and I could ring the office if I have any problems - they know how to treat my relative. I have no concerns.”
- “I can't fault them, they are one hundred percent- I can rely on them and they are trustworthy.”
- “We are both very happy and content – never hear anything bad from my relative and they are reliable.”
- “They are grand. My relative has got to know 3 carers in particular. The manager tries to put the same ones on that he knows and he looks forward to seeing them coming. I think they are approachable and I could ring them if I was worried and they would sort it out for me.”

Staff Comments:

- “I love it - they are very, very good – my training is very good and I can go to them with anything. They are friendly and I am happy with them.”
- “I have worked with Clogher Valley Care since covid. They are very, very good and flexible – it suits me as I can tell them what I can do and they will work around me. I worked in a care home for years so I know about reporting any concerns about anyone. The training is good and I am up to date in everything.”
- “They are very approachable staff – support is good – clients are lovely – staff are good at letting me know of any training that is needing updated.”

There were no service user questionnaires returned. No staff responded to the electronic survey.

3.3 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 24 April 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Adult Safeguarding

The agency's provision for the welfare, care and protection of service users was reviewed. The terminology used within the organisation's adult safeguarding policy and procedures required updating to ensure that it was reflective of the Department of Health's (DoH) regional policy. This was discussed with the registered manager who has confirmed that this has since been revised and includes most up to date terminology - 'adults at risk of harm' and 'adults in need of protection'. This will be reviewed at a future inspection.

The organisation had a newly appointed Adult Safeguarding Champion (ASC) to replace the previous ASC who had left the agency. The agency's annual Adult Safeguarding Position report was reviewed and required further detail around the adult safeguarding activity that occurred during the reporting period. It also required signature and date from the person completing the report. This was discussed with the registered manager who agreed to rectify this and to ensure this is captured in the next annual report. This will be reviewed at a future inspection.

Discussions with the registered manager and care staff 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

RQIA had been not been notified appropriately of two incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. The registered manager agreed to ensure that RQIA was notified of both incidents and any future incidents reported to the PSNI in future. This has been identified as an area for improvement.

3.4.2 Mental Capacity and Restrictive Practice

The Mental Capacity (Northern Ireland) 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 registered manager reported that one service user was subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

There was no policy in place with regard to service users who were subject to restrictive practices, for example, through use of bed rails. There was discussion with the registered manager about the need to consider such practices and of ensuring that these are kept under review. This was identified as an area for improvement.

3.4.3 Staff Recruitment and Induction

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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers deployed within the agency.

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.

3.4.4 Staff Training

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.

The registered manager 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.

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

A number of service users were assessed by a Speech and Language Therapist (SALT) with recommendations provided and some 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.

3.4.5 Care Records and Service User Input

From reviewing service users' care records and through discussions with service users, it was noted that service users had limited input into devising their own plan of care and that care plans were mostly reflective of a task-orientated service. Ways of incorporating person centred thinking into care records was discussed with the registered manager who agreed to review all care plans to ensure that service users have input into their own care plans and contain details about their likes and dislikes. This has been identified as an area for improvement. It was also agreed with the registered manager that one service user with a learning disability should be provided with an easy read service user guide to support them to fully participate in all aspects of their care. This will be reviewed at a future inspection.

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.

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.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective. Staff were familiar with how food and fluids should be modified.

3.4.6 Governance Arrangements and Record Keeping

There were monitoring arrangements in place in compliance with Regulations and Standards, however a review of the reports of the agency's quality monitoring identified that reports for the most recent three months were not readily available at the time of inspection. This was identified as an area for improvement.

A review of the available reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. It was noted that an issue raised by a service user on more than one occasion regarding reinstatement of a care call was not managed in accordance with the agency's complaints policy and procedure. This was discussed with the manager and advice was given in relation how such complaints are managed and recorded to ensure effective outcomes for service users. This will be reviewed at a future inspection.

The Annual Quality Report was reviewed and whilst satisfactory, suggestions were made to the registered manager with respect to documenting what actions were taken as a result of the feedback received to demonstrate how the agency uses this information for service improvement.

There was a system in place for recording accidents and incidents. Advice was given to the registered manager around the need to allocate unique identifier numbers to each service user as a method of tracking and identifying any trends or patterns within monitoring and incident reports. This has since been implemented by the registered manager.

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.

The Statement of Purpose required updating with RQIA's contact details. The registered manager agreed to submit the revised Statement of Purpose to RQIA.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

In the event that staff were unable to gain access to a service users home, there was a an operational policy and procedure that clearly directed staff as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Jennifer Frizellee, registered 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 15 (12) (b) Stated: First To be completed by: Immediate and ongoing from the date of inspection	The registered person shall notify the Regulation and Improvement Authority (RQIA) of any incident reported to the police no later than 24 hours after the registered person has reported the matter to the police or has been informed that the matter has been reported to the police. Ref: 3.4.1
	Response by registered person detailing the actions taken: All incidents where PSNI are involved will be reported to RQIA through the RQIA portal. Any outstanding incidents have been reported.
Area for Improvement 2 Ref: 15 (5) (a) Stated: First Time To be completed by: Immediate and ongoing from the date of inspection	The Registered Person shall ensure that care plans contain details of service users' individual preferences, likes and dislikes and this clearly directs the delivery of person-centred care and support. Ref: 3.4.5
	Response by registered person detailing the actions taken: Our monitoring officers have been informed to ensure this section of the care plan is completed during the commencement of the package of care. This is also an ongoing task to be reviewed at each monitoring visit as preferences and likes etc may change and differ over time.
Area for improvement 3 Ref: Regulation 23 (1) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The Registered Person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This relates to the need to ensure quality monitoring visits are completed on a monthly basis with a report prepared and available for inspection. Ref: 3.4.6
	Response by registered person detailing the actions taken: Monthly monitoring reports are completed and will be available for inspection. these will be completed in a timely manner each month.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 9.1 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The Registered Person shall ensure that policies and procedures are in place and in accordance with statutory requirements.</p> <p>This relates to the need to ensure there is a policy in relation to the use of that any restrictive practices used by the agency in the delivery of care and support to services users.</p> <p>Ref 3.4.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All policies and procedures have been reviewed and updated where necessary. Our restrictive practice policy has been updated to ensure guidance is in line with MCA.</p>



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