

Inspection Report

12 September 2022



Clogher Valley Care Ltd

Type of Service: Domiciliary Care Agency
**Address: T5 Dungannon Enterprise Centre, 2 Coalisland
Road, Dungannon, BT71 6JT**

Tel No: 028 8554 8378

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Clogher Valley Care Ltd	Registered Manager: Miss Evelyn Jennifer Frizelle
Responsible Individual: Miss Evelyn Jennifer Frizelle	Date registered: 6 January 2009
Person in charge at the time of inspection: Monitoring Officer	
Brief description of the accommodation/how the service operates: Clogher Valley Care Ltd is a domiciliary care service based in Dungannon. The service provides care and support to 132 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. The agency also supports a bespoke package of care to one identified service user, who receives 24 hour care.	

2.0 Inspection summary

An unannounced inspection took place on 12 September 2022 between 9 a.m. and 2.45 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, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement identified related to the auditing of care records and the records of staff training in the use of specialist equipment.

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

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?

Whilst we did not speak with any service users, relatives or staff members, there was evidence of regular consultation within the monthly quality monitoring reports. The information provided indicated that there were no concerns in relation to the agency.

Comments noted within the quality monitoring reports included:

Service users' relatives/representatives' comments:

- "Very good and kindly. Always have a pleasant word when they come in."
- "Good continuity of care."
- "It's a comfort to know that someone is checking on her at morning and bed."
- "(He) likes the carers who come in and has no problems with them."
- "Her tasks are completed and they support her with what she isn't able to manage."

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

- "I am very thankful for the care service provided."
- "Clogher Valley staff have a very caring approach towards me. (They are) very prompt and good (at) timekeeping."

- The staff are very patient as my mobility can be poor and I can be slow, especially in the morning.”
- The staff are very pleasant, the office very prompt if you have a query.”

A number of staff and relatives responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ or ‘satisfied’ that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

Relatives’ comments:

- “Am very happy overall but find sometimes the company suffer from staff shortages.”

Staff comments:

- “I have been employed by Clogher Valley Care for 20 years and have always found them very approachable and professional.”
- “Very Satisfied with Clogher Valley Care Ltd”
- “Great employers who really care about their clients and staff, great company to work for.”
- “Clogher Valley Care strive to keep their staff and clients happy at all times. Managers are approachable and do their best to accommodate everyone which is not an easy task.”

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 31 March 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 31 March 2022		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (12)(b)(i)(ii) Stated: First time To be completed by: DD Month Year	The registered person shall ensure that RQIA is notified of any incident reported to the police, not later than 24 hours after the registered person has either reported the matter to the police; or is informed that the matter has been reported to the police.	Met
	Action taken as confirmed during the inspection: The person in charge confirmed their understanding of the incidents which need to be reported to RQIA; the review of incident records confirmed that none of the incidents which had occurred since the last inspection were reportable.	

Area for improvement 2 Ref: Regulation 21 (2)(a) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall review the current system of electronic submission of daily notes and implement a system that is in keeping with GDPR regulations and the domiciliary care agencies regulations and minimum standards.</p> <p>Action taken as confirmed during the inspection: Review of the daily notes relating to this identified service user, confirmed that this had been addressed.</p>	Met
Area for improvement 3 Ref: Regulation 16 (2)(a) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall review the training needs of staff, who attend a bespoke package of care, to ensure that all staff who attend, or could potentially attend the service user, have been trained in relation to Learning Disability Awareness, the ethos of Supported Living; and that they have read the service user's Positive Behaviour Support Plan.</p> <p>Action taken as confirmed during the inspection: Review of records confirmed that this area for improvement had been addressed.</p>	
Area for improvement 4 Ref: Regulation 13 (d) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall further develop the recruitment process to ensure that staffs' registrations with NISCC are checked; specifically staff names that are not on the agency's NISCC portal.</p> <p>Action taken as confirmed during the inspection: Review of records confirmed that this had been addressed.</p>	Met
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, Revised 2021		
Area for improvement 1 Ref: Standard 8.10 Stated: First time	<p>The registered person shall develop a system for auditing the returned daily notes; records must be retained of the action taken in respect of any poor record keeping standards identified.</p>	Partially met

To be completed by: Immediate from the date of the inspection	Action taken as confirmed during the inspection: RQIA acknowledges that the agency had undertaken a range of audits and there was evidence that the audits had identified deficits appropriately. It was also evident that management had provided written instruction to the care workers with regards to good record keeping standards. However, review of daily notes completed by care staff identified that they continued to sign records using only their first names. This was discussed with the person in charge and the area for improvement has been stated for the second time.	
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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 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 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.

The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Staff were required to complete adult safeguarding training during induction and annually thereafter. Discussion with the Training Manager identified that the agency had recently started to use an e-learning training company to provide a number of training modules. The Training Manager agreed to review the training content of the adult safeguarding training. Advice given in relation to the specific content which required to be included was welcomed by the Training Manager. Following the inspection, the manager confirmed to RQIA that an additional information sheet had been developed to supplement the e-learning information.

No concerns had been raised to the manager under the whistleblowing policy.

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.

The person in charge 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, training was requested from the SHSCT and a District Nurse provided the training to care workers within the service user's own home. Whilst records were retained to evidence the provision of such training, the system for recording the training was not sufficiently robust. An area for improvement was identified in this regard.

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

The person in charge advised that there were no service users who required the use of more than one piece of specialised equipment.

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 person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

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 manager reported that none of the service users were subject to DoLS. DoLS information was available for staff to reference on the e-learning platform.

5.2.2 What are the arrangements ensuring the service users are getting the right care at the right time?

The service users' care plans contained details about the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. The inspector was advised that the agency is rarely invited to Trust-led reviews. However, there was evidence that the agency undertook their own reviews, to which the service users' relatives were invited as appropriate.

The review of records identified that calls were generally delivered in keeping with the care plan. The person in charge agreed to investigate one call which may have been cancelled by the service user.

Review of records confirmed that the agency had requested reviews with the Trust in response to changes in the service users' needs. Arrangements were put in place to safeguard service users, whilst awaiting such reviews.

There was a system in place for reporting any instance where staff were unable to gain access to a service user's home. Communications had been issued to staff which clearly directs them as to what actions they should take to manage and report such situations.

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 thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by 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; this also included a video link on how staff should respond to any choking incidents.

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. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

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 criminal record checks (AccessNI), were completed 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.

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.

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 service user reviews; accident/incidents; missed and late calls; and safeguarding matters.

The agency's registration certificate was up to date and displayed appropriately along with evidence 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 complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. In some circumstances, complaints can be made directly to the commissioning body about agencies. This was discussed with the person in charge who agreed to update the complaints policy with regards to how such complaints will be managed and recorded.

The person in charge advised that no complaints had been made to the Northern Ireland Public Services Ombudsman (NIPSO) about the agency.

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.

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 Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	0	2

The areas for improvement and details of the QIP were discussed with the person in charge, 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 Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 8.10 Stated: Second time To be completed by: Immediate from the date of the inspection	<p>The registered person shall develop a system for auditing the returned daily notes; records must be retained of the action taken in respect of any poor record keeping standards identified.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Report sheets are collected every 2 weeks and are audited on receipt. Action is taken when poor record keeping is evidenced and a record kept of that action for each member of staff.</p>
Area for improvement 2 Ref: Standard 12.7 Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that the system for recording the dates of training provided in a service user's own home is more robust.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Any training provided in the service users own home has also been added to our training matrix and is up to date.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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