

# Inspection Report

24 April 2023



## Clogher Valley Care

Type of service: Domiciliary Care Agency  
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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> Clogher Valley Care Ltd	<b>Registered Manager:</b> Miss Evelyn Jennifer Frizelle
<b>Responsible Individual:</b> Miss Evelyn Jennifer Frizelle	<b>Date registered:</b> 6 January 2009
<b>Person in charge at the time of inspection:</b>	
<b>Brief description of the accommodation/how the service operates:</b>  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 24 April 2023 between 9.30 a.m. and 11.30a.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.

Good practice was identified in relation to service user engagement and feedback as well as staff training. 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 registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust and the previous QIP.

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 staff survey.

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

During the inspection we spoke with a number of service users, relatives and staff members.

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

Comments received included:

##### **Service users and relative's comments:**

- "No concerns; all good."
- "The service is very good."
- "They are always on time."
- "Office staff and the manager are always available."
- "The girls are very approachable."
- "They provide excellent service to us both."
- "I could not fault the service."
- "They are very respectful."
- "They give you time and never rush."
- "Fantastic."

##### **Staff comments:**

- "I have no problems with the service."
- "I have regular clients that is good."
- "I'm well respected by the agency."
- "Good training and development."
- "My induction was excellent and I shadowed other staff."
- "Management are very approachable."
- "The staff are very helpful."
- "Good communication."

A number of service user questionnaires were returned showing good levels of satisfaction.  
Comments received:

- “I’m very satisfied with the service, care is excellent.”
- “The carers are very good. I’m happy with them.”
- “I’m happy with the service provided, the carers are great.”
- “I’m happy as the day is long and my care is good.”

There were a number of responses to the electronic staff survey prior to the issue of this report.  
Respondents all were very satisfied with the service.  
Comments received:

- “Excellent service. Management easily contacted and do their best.”

## 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 12 September 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 12 September 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.10  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate from the date of the inspection	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.  Ref: 5.1	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Report sheets are collected every two weeks and audited on receipt.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.7  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection.	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. Ref: 5.2.1  Any training provided is now recorded on the agency's training matrix and is satisfactory.	<b>Met</b>
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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 in September 2022 and was found to be satisfactory. No further concerns had been added as discussed during this inspection.

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 the 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 retains records of any referrals made to the HSC Trust in relation to adult safeguarding.

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.

RQIA had been notified appropriately of any incidents in keeping with the regulations. Records viewed and discussions with the manager indicated that incidents had been managed appropriately.

Staff were provided with Moving and Handling training appropriate to the requirements of the role.

A review of records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency before care delivery commenced and the agency had requested this training from the HSC Trust. 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.

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 need to be completed 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 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 DoLs training appropriate to their job roles. The manager reported that no service users are in receipt of care 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 users, 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 of 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.

We noted some of the positive comments received by the agency during regular client monitoring:

- "I'm very happy with all carers."
- "All is good and going well."
- "The ladies are very attentive."
- "I'm happy with the level of care service 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 and 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.

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 of 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 demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements.

#### **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 (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 co-ordinator and the manager. Staff spoken with confirmed that they were aware of the responsibilities to keep their registrations up to date.

The manager advised that 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 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.

A record is maintained for each member of staff of all training, including induction and professional development activities undertaken.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

#### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were quality 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 and staff.

The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. Reports reviewed had been completed in a detailed manner. We noted some of the comments received during quality monitoring:

##### **Service users:**

- "No issues with the care provided."
- "Staff support me and all carers are on time."

- “They always have a pleasant word when they are here.”

**Staff:**

- “Supervision takes place.”
- “We are kept up to date with changes.”
- “No PPE concerns.”

**Relatives:**

- “No problems with the continuity of care.”
- “Carers are very attentive.”
- “I could not cope without them.”

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 complaints were received since the last inspection, records viewed indicated that these were appropriately managed and were reviewed as part of the agency’s quality monitoring process.

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.

There is a procedure in place with regard to staff being unable to gain access to a service user’s home. The manager stated that this was discussed with all staff during induction. The procedure viewed clearly recorded the actions that staff are required to take and it was noted that it directed staff to remain at the home of the service user until they have made contact with the office who would provide further direction.

## **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 Registered Manager, as part of the inspection process and can be found in the main body of the report.





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