

Inspection Report

16 August 2022



Down Community Care

Type of service: Domiciliary
Address: 46 / 48 Kildare Street, Ardglass, BT30 7TR
Telephone number: 028 4484 2606

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Down Community Care	Registered Manager: Miss Sammie-Jo Ward
Responsible Individual: Mrs Susan Virginia Ward	Date registered: 18 October 2011
Person in charge at the time of inspection: Miss Sammie-Jo Ward	
Brief description of the accommodation/how the service operates:	
Down Community Care is a domiciliary care agency which is based in Ardglass. Staff provide a range of services including personal care, social support and domestic assistance to people living in their own homes. The South Eastern Health and Social Care Trust (SEHSCT) commission these services.	

An unannounced inspection took place on 16 August 2022 between 9.30 a.m. and 3.00 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.

Good practice was identified in relation to service user involvement. No areas for improvement were noted.

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?

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' comments:

- "No concerns, (staff) are brilliant and I am very happy with the service."
- "No complaints, very happy with the office staff and the (staff)."
- "All the staff are wonderful."
- "Wonderful (staff), very nice to have around the house, they will help with anything."

Service users' relatives/representatives' comments:

- "Couldn't be happier, (staff) are brilliant quality and standard of care is good."
- "Very happy with the service and the staff provided."
- "Everything is going great."
- "My mother is treated with respect."

Staff comments:

- "No concerns regarding safe care of service users."
- "No concerns with raising any issues with management."
- "Confident any issues would be dealt with quickly and in confidence."
- "Training was brilliant."

HSC Trust representatives' comments:

- "I have received numerous positive feedback from service users and their families about how happy they are in relation to the care provided by Down Community Care."
- "Down Community Care are an excellent care provider within this area and I would highly recommend them."
- "Down Community Care are an excellent team and provide a high standard of care according to my patients."
- "I have never had any issues in my dealings with any members of their staff."

There were no responses received from the questionnaires.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 30 November 2021		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 23(1), (2)(a), (b) (i) (ii), (c), (3), (4), (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing on a monthly basis</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements made imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the</p>	<p>Met</p>

	<p>quality and delivery of the service which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This refers to the monthly quality monitoring reports. These reports are to contain a robust analysis of the operation of the agency.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 22(8)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<p>The registered person shall ensure that all complaints are taken seriously and dealt with promptly and effectively; records should be kept of all complaints, details of all communications with complainants, the results of any investigations and the action taken.</p> <p>Action taken as confirmed during the inspection: Review of governance records confirmed that monthly quality monitoring reports were available and up to date at the time of inspection.</p>	Met
<p>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 8.1</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2021</p>	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed feedback from stakeholders were available and up to date at the time of inspection. This was evident in the annual report.</p>	Met

<p>Area for improvement 2</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<p>The registered person shall ensure that all suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with the procedures.</p> <p>Refers to one matter not reported in a timely manner to the HSC Trust and NISCC.</p> <p>Inspector confirmed evidence of all alleged or actual incidents of abuse are reported to the relevant persons and agencies. This was evidenced in the safeguarding file.</p>	Met

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 and found to be 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.

The manager stated that staff are required to complete adult safeguarding training during their induction and every two years after that. 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. Staff 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.

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. The agency

had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

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 mobilising, 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. Review of available policies identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to bear weight.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact by the agency 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 should be undertaken with staff before they undertake this task.

The Mental Capacity Act (MCA) 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 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?

Discussion with service users and review of care records evidenced 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 were kept under regular review.

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 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 confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified by the agency before staff members commenced employment and had direct engagement with service users.

Checks had also been carried out by the agency 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. 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 staffs' 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?

A review of quality monthly monitoring reports 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. The manager agreed to consider ways of improving the format of these reports in order to ensure that each report contained the previous quality improvement plan and each report was signed by the manager.

The Annual Quality Report was reviewed and was satisfactory. Advice was given regarding how the annual quality report could be improved. This advice included that service user satisfaction responses should be summarised and action plans included in the annual report.

No incidents had occurred since the previous inspection 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 keeping with best practice. Where complaints were received since the last inspection, these had been appropriately managed and were reviewed as part of the agency's quality monitoring process.

It was noted that the complaints policy did not include a timeframe to acknowledge receipt of complaint; this was highlighted to the Manager for consideration and action, as needed.

Review of the Statement of Purpose highlighted that it did not contain all the necessary information as required by Regulation. Following the inspection, a revised and updated Statement of Purpose was submitted to RQIA at the inspector's request.

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

There was also a policy and procedure in place regarding the expected actions of the agency in the event that staff fail to gain access to the home of the service user.

6.0 Conclusion

RQIA was satisfied that this agency was providing services in a safe, effective and compassionate manner and that the service was well led by the manager.

7.0 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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