

Inspection Report

30 November 2021



Down Community Care

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

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Assurance, Challenge and Improvement in Health and Social Care

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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; the agency's staff provide services to people living in their own homes. Staff provide a range of services including personal care, social support and domestic assistance. The services are provided to mostly older people along with those who have physical disabilities and mental health care needs. The South Eastern Health and Social Care Trust (SEHSCT) commission these services.	

2.0 Inspection summary

An unannounced inspection was undertaken on 30 November 2021 between 10.00am and 3.35pm by the care inspector.

RQIA received intelligence on 17 November 2021 which raised concerns in relation to the agency's responsiveness to a complaint regarding the inappropriate use of social media. In response to this information RQIA decided to undertake an inspection.

The inspection focused on complaints management, incidents, staff recruitment and the agency's governance and management arrangements as well as staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, whistleblowing. Other areas reviewed included policy in relation to use of social media, Deprivation of Liberty Safeguards (DoLS), monthly quality monitoring, Dysphagia training and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before care workers were supplied to the various health care settings.

Good practice was also found in relation to the system in place of disseminating Covid-19 related information to the care workers employed.

Areas for improvement were identified in relation to reporting and managing complaints, oversight and governance and monthly monitoring.

Service users said that they were satisfied with the standard of the care workers being supplied and the responsiveness of the agency to any issues that may occur.

RQIA was assured that this agency supplies care workers who are providing safe, effective and compassionate care and that the agency is well led.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

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.

The inspection focused on:

- contacting the service users, their relatives, Health and Social Care (HSC) Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and these included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with two service users, two relatives and two staff. In addition, feedback was received from relatives and service users in the questionnaires returned to the RQIA.

Three questionnaires were returned from service users/relatives. A comment in relation to the Infection Control measures was received; this was relayed to the manager for review and action, as appropriate.

No staff members responded to the electronic survey.

The information provided by service users and relatives indicated that service users were satisfied with the standard of the care workers being supplied and the responsiveness of the agency to any issues that may occur. Comments received are detailed below.

Service user comments:

- "Some staff are very good and some are excellent."
- "The girls are respectful."

- “I am very happy.”

Relative comments:

- “My mother is happy with the carers.”
- “They are very attentive.”
- “Staff wear PPE appropriately.”

Staff comments:

- “There is a good standard of care.”
- “Management are approachable and the manager is brilliant.”
- “I am happy working for this service.”

The information provided by service users indicated that service users were satisfied with the standard of the care workers being supplied and the responsiveness of the agency to any issues that may occur.

5.0 The inspection

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

Due to the coronavirus (COVID-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 12 December 2019 by a care inspector and two areas for improvement identified. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

Areas for improvement from the last inspection on 12 December 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 and Schedule 3 Stated: First time	<p>The registered person shall ensure that all staff are recruited in accordance with relevant statutory employment legislation. This should include:</p> <p>A full employment history together with a satisfactory written explanation of any gaps in employment must be obtained and reviewed.</p>	Met

	<p>Action taken as confirmed during the inspection: Inspector confirmed that staff are recruited in accordance with relevant statutory employment legislation.</p>	
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1 Ref: Standard 8.12 Stated: First time</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>Not met</p>
	<p>Action taken as confirmed during the inspection: The inspector reviewed the annual report and noted that all key stakeholders were not involved in this process. This matter will be stated for a second time.</p>	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. Review of records identified that a potential safeguarding incident had not been managed appropriately. Intelligence received by the RQIA prior to inspection indicated that a complaint in relation to inappropriate use of social media had not been notified to the HSC Trust and NISCC in a timely manner. The inspector discussed the incident and examined associated records. Following the inspection the inspector communicated with HSC Trust staff who were progressing an investigation into the initial incident; the Trust were satisfied that, since the incident, all staff had been issued with an updated policy in relation to the use of social media and staff involved had received training. Following the inspection the manager reported the matter to NISCC. An area for improvement was identified in relation to ensuring future notifiable events are reported to relevant bodies appropriately.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the Adult Safeguarding Champion (ASC) and the process for reporting adult safeguarding concerns. All staff had completed training in relation to Adult Safeguarding procedures.

The Annual Safeguarding Position report was unavailable. This was discussed with the manager who advised that this would be completed by the end of December 2021. This will be reviewed at the next inspection.

Care workers were provided with training appropriate to the requirements of the health care settings they were being placed in. This included adult safeguarding, and DoLS training, appropriate to their job roles.

The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

There had been no concerns raised to the manager under the whistleblowing procedures.

The agency had a system for retaining a record of referrals made to the HSC Trust in relation to adult safeguarding.

Service users who spoke to us stated 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.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

5.2.2

Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Discussions with staff and the manager 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.

The manager confirmed that staff implemented the specific recommendations of the Speech and Language Therapist (SALT) to ensure the care received was safe and effective. Following the inspection the manager confirmed that all staff had received the updated guidance in relation to swallowing awareness. It was noted that staff who work with service users who have specific recommendations from SALT had undertaken dysphagia awareness training; we discussed the need to ensure that all staff supporting service users who have, or may potentially have, swallowing difficulties have received appropriate training. This matter will be reviewed at the next inspection.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager. We discussed with the manager the benefits of including details of individual staff renewal dates and the date the checks are completed on a spreadsheet.

The manager stated that staff are aware that they are not permitted to work if their professional registration lapses.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process did not include sufficient evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives on the majority of the visits; this is also described in Section 5.1 above in relation to the annual report.

It was identified that the reports were required to include more detail with regard to the matters reviewed during the visit including incidents safeguarding and complaints. We discussed with the manager the need for to include details of the review of NISCC registrations and DoLS in the report. We discussed the guidance issued by RQIA with regard to quality monitoring. This was identified as an area for improvement.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints have been received since the last inspection however the complaints log did not include sufficient detail to enable patterns and trends to be monitored. Some of the entries within the log were vague and, on examination, did not convey the full facts. The recording templates should be developed to ensure transparency and governance. This was identified as an area for improvement.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

Based on the inspection findings, four areas for improvement were identified. Two were in relation to safe and effective care and two were in relation to the service being well led.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2005 and the Domiciliary Care Agencies Minimum Standards, 2011

	Regulations	Standards
Total number of Areas for Improvement	2	2*

* The total number of areas for improvement includes one that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Sammie-Jo Ward, 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) 2005

Area for improvement 1

Ref: Regulation 23(1), (2)(a), (b) (i) (ii), (c), (3), (4), (5)

Stated: First time

To be completed by:
Immediately from the date of inspection and ongoing on a monthly basis

(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

(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-

(a) arranges the provision of good quality services for service users;

(b) takes the views of service users and their representatives into account in deciding-

(i) what services to offer to them, and

(ii) the manner in which such services are to be provided; and

(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.

(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.

(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the service which the agency arranges to be provided.

(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.

This refers to the monthly quality monitoring reports. These reports are to contain a robust analysis of the operation of the agency.

Ref: 5.2.4

Response by registered person detailing the actions taken:

The Registered Person/Manager will ensure that all monthly monitoring reports contain a robust analysis of the operation. The Registered Person/Manager will ensure that the monthly monitoring reflects all above of Regulation 23 (1), 2 (a), (b) (i), (c), (3), (4), (5).

<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>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The Registered Person shall ensure that all complaints are dealt with promptly and effectively. All records, details and communication of all complaints will be robust with the results of any investigations and action taken kept in the one place for inspection.</p>
<p>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011</p>	
<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>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure to involve all stakeholders in the process of the quality of services being provided.</p>
<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>Ref: 5.2.1.</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that all suspected, alleged or actual incidents of abuse are reported to all relevant persons in accordance with the procedures. The Registered Manager will ensure not to wait on this information coming from the TRUST KEYWORKER as the RM was directed to do so following this incident.</p>

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