

Inspection Report

11 November 2022



Moneydarragh Flexicare

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Moneydarragh Flexicare Ltd	Registered Manager: Mrs Karen Cunningham
Responsible Individual: Mrs Karen Cunningham	Date registered: 20 February 2009
Person in charge at the time of inspection: Office Administrator	
Brief description of the accommodation/how the service operates: Moneydarragh Flexicare is a domiciliary care agency located in the village of Ballymartin. Under the direction of the owner/manager Karen Cunningham, 62 staff provide care services to 109 service users in their own homes in the Annalong and Kilkeel areas of County Down. The service users are mostly over 65 years of age, but some have physical disabilities, learning disabilities and mental health care needs. The services provided range from personal care, practical support to sitting services. Their services are commissioned by the Southern Health and Social Care Trust (SHSCT) and a small number of self-funded/direct payment service users.	

2.0 Inspection summary

An unannounced inspection took place on 11 November 2022 between 11.00 a.m. and 4.30 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 recruitment, care plans not containing accurate Speech and Language Therapist (SALT) recommendations and the annual quality report.

Good practice was identified in relation to the training and induction of staff. 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 for staff.

4.0 What did people tell us about the service?

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

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

Comments received included:

Service users' comments:

- "Everything going great and the girls do a brilliant job."
- "Care is excellent."
- "The girls are lovely and pleasant."
- "I get on well with them all."

Staff comments:

- "There is great support from the manager. She speaks to us on a personal level."
- "The manager is one of the best to work for. She goes above and beyond for her staff."
- "It's a great place."
- "You really have to love the job and the service users to do it due to the cost of living and I love it."

- “I have a good relationship with my service users.”
- “I ensure all my service users get their calls and are comfortable in their own home.”

No questionnaires were returned.

No staff responded to the electronic survey.

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 10 January 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 10 January 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Regulation 23(1)(2)(a)(b)(i)(ii)(4)</p> <p>Stated: First time</p>	<p>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;</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 quality and delivery of the services which the agency arranges to be provided.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: A sample of the monthly quality monitoring reports were reviewed and they were noted to be compliant with this regulation.</p>	
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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 and found to be satisfactory.

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.

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.

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 the details of the process for reporting any concerns.

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. The person in charge 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. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

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.

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 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 appropriate DoLS training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, 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 about their likes and dislikes and 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.

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. A review of service users' care plans evidenced that they did not contain the SALT recommendations. It is important that every care plan contains accurate information regarding the needs of service users to ensure their safety. An area for improvement has been identified in this regard.

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 demonstrated a good knowledge of service users' wishes, preferences and assessed needs. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A sample of staff recruitment files were reviewed and it was noted that they were not compliant with Regulation 13, Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was noted that employment histories did not date back to when the candidates were 18 years old. There was also no evidence that references obtained from personal email addresses were verified to ensure that they were from the candidate's current or most recent employer. An area for improvement has been identified in this regard.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was an appropriate 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 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 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.

All 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. The person in charge was advised that the manager should discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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 a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was not available for review. An area for improvement has been identified in this regard.

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, 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. Advice was given in relation to updating the complaints policy about how such complaints are managed and recorded.

The person in charge advised that a system would be implemented to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service users home, there is a system in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner. It is essential that all staff (including management) are fully trained and competent in this area. Following discussions with the person in charge and staff it was reported that there is a clear system in place which all staff are aware of and adhere to. The person in charge advised that all staff were aware of this system.

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 Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the QIP were discussed with Ms Karen Cunningham, Responsible Individual, 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(2)(a) Stated: First time To be completed by: Immediately from the date of inspection and ongoing	The registered person shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the Speech and Language Therapist (SALT) care plan. Ref: 5.2.3 Response by registered person detailing the actions taken: All care plans were updated with SALT Assessment
Area for improvement 2 Ref: Regulation 13(d) Schedule 3 Stated: First time To be completed by: Immediately from the date of inspection and ongoing	The registered person shall ensure that full and satisfactory information is available in relation to the candidate in respect of the matters specified in Schedule 3. This relates to full employment histories being obtained for every applicant and employment references are verified prior to the commencement of employment. Ref: 5.2.4 Response by registered person detailing the actions taken: Full employment histories and references will be verified
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 8.12 Stated: First time To be completed by: Immediately from the date of inspection and annually	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. The report should be in a format which is suitable for the service users to understand. Ref: 5.2.6 Response by registered person detailing the actions taken: This will be in place on new report

Please ensure this document is completed in full and returned via Web Portal



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