

Inspection Report

10 January 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: Mrs Karen Cunningham	
Brief description of the accommodation/how the service operates:	
<p>Moneydarragh Flexicare is a domiciliary care agency located in the village of Ballymartin. Under the direction of the owner/manager Karen Cunningham, 65 staff provide care services to 112 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.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 10 January 2022 between 10.30a.m. and 2.30p.m. by the care inspector.

This inspection focused on recruitment of staff, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, Deprivation of Liberty Safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to staff training, recruitment and appropriate pre-employment checks being undertaken before staff were supplied to service user's homes.

Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

One area for improvement was identified in relation to the monthly quality monitoring reports.

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, SHSCT 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. This included questionnaires for service users/relatives and an electronic survey to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with two service users and one staff member. In addition, feedback was received from one HSCT representative. No questionnaires were returned from service users or their relatives and no staff responded to the electronic survey.

Comments received during inspection process-

Service users' comments

- "They are all very nice girls."
- "They always arrive on time."
- "I have a folder and recently got updated information so I know who to contact if I have any concerns."
- "There's nothing wrong with them, they are all very good."
- "They always wear their masks, gloves and aprons."

Staff members' comments:

- "There is great support from management."
- "I get regular supervision."
- "Double calls are always done by two carers."
- "My training is up to date and everything is currently done online."
- "I have done training in dysphagia and DoLS and am aware of restrictive practices."

HSCT representative's comments:

- "Moneydarragh Flexicare are providing a very good service to my service users."

- “The agency is very proactive in contacting me if they have any issues regarding manual handling or equipment.”
- “The agency is easy to contact and always work with me in order to have carers on site for training or to highlight issues with regards to specific service users.”

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 6 August 2018 by a care inspector and no areas for improvement identified. An inspection was not undertaken in the 2019-2020 and the 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

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. The organisation’s policy and procedures reflect information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed.

Discussions with the responsible individual demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency’s policy and procedures.

The responsible individual stated that there were no service users who were subject to DoLS. Advice was given in relation to considering DoLS at each service users’ care review and in relation new service users; however it was positive to note that all staff had completed DoLS training. Staff spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 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 were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the responsible individual; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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

Discussions with the responsible individual, staff and the review of service user care records reflected the multi-disciplinary team input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that staff had completed training in relation to dysphagia and had made referrals to the multi-disciplinary team; these interventions were noted to be proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

5.2.4 Are there robust governance processes in place?

The arrangements for monthly quality monitoring were reviewed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The reports reviewed were not robust and did not provide a full analysis of the service. This was discussed with the responsible individual and the recently updated template formulated by RQIA was provided to the agency. Assurances were provided that this template will be implemented immediately. An area for improvement was made in this regard.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that a number of complaints had been received through monitoring calls to service users and/or their relatives since the last inspection. All complaints were managed in accordance with the agency's policy and procedures to the satisfaction of the complainants.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

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

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified in relation to the monthly quality monitoring reports. Despite this, RQIA were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

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) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Cunningham, Responsible Individual/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) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 23(1)(2)(a)(b)(i)(ii)(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</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> <ul style="list-style-type: none"> (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- <ul style="list-style-type: none"> (i) what services to offer to them, and (ii) the manner in which such services are to be provided; <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>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken: Advice was taken from RQIA and a new more detailed monthly report has been actioned and will be completed going forward</p>

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



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