

# Inspection Report

27 February 2024



## Moneydarragh Flexicare

Type of service: Domiciliary Care Agency  
Address: 17 Ballymartin Village, Newry, Co Down, BT34 4PA  
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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> Moneydarragh Flexicare Ltd	<b>Registered Manager:</b> Mrs Karen Cunningham
<b>Responsible Individual:</b> Mrs Karen Cunningham	<b>Date registered:</b> 20 February 2009
<b>Person in charge at the time of inspection:</b> Mrs Karen Cunningham	
<b>Brief description of the accommodation/how the service operates:</b>  Moneydarragh Flexicare is a domiciliary care agency located in the village of Ballymartin. Under the direction of the owner/manager Karen Cunningham, 61 staff provide care services to 96 service users in their own homes in the Annalong and Kilkeel areas of County Down. 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).	

## 2.0 Inspection summary

An unannounced inspection took place on 27 February 2024 between 9.00 a.m. and 4.00 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. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Areas for improvement identified related to recruitment, the interview process, service user's feedback, annual quality report, management of complaints and monthly monitoring reports.

## 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:**

- "I am over the moon with the service."
- "They respect my home."
- "I am aware of what to do, if I had any reason to make a complaint."
- "I have no issues in contacting the office."
- "Carers will go out of their way for me."

##### **Service users' relatives' comments:**

- "They spend time and show great patience when looking after my brother."
- "The service is very good at providing consistent staff, especially on shower days."
- "Very flexible service who are very agreeable around changing times to help with appointments."
- "My father looks forward to the carers coming."

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

- "My experience with Moneydarragh has been extremely positive. From applying for the job, to my acceptance and then shadowing. Shadowing proved extremely valuable to me as it helped with gaining confidence and seeing first-hand what the job entailed."
- "My online training was also very valuable to me myself as I gained knowledge and confidence in my role."

- “My relationship with my colleagues to this day is second to none. Day or night if I have any queries or questions they are always there for help and support. As for the office support; I find them extremely helpful when it comes to my own concerns regarding our clients. They are always a phone call away and my concerns are noted and followed up.”
- “I absolutely love my job and I really do believe that is not only my love of helping but how supportive Moneydarragh has been.”

No questionnaires were returned.

There were no responses to the staff 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 November 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

Areas for improvement from the last inspection on 10 November 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15(2)(a) <b>Stated:</b> First time <b>To be completed by:</b> 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.  <b>Ref:</b> 5.2.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI)	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13(d) Schedule 3 <b>Stated:</b> First time	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	<b>Not met</b>

<b>To be completed by:</b> Immediately from the date of inspection and ongoing	employment references are verified prior to the commencement of employment.  Ref: 5.2.4	
	<b>Action taken as confirmed during the inspection:</b> References were verified prior to the commencement of employment, but full employment histories were not consistently evident. This will be stated for a second time.	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.12  <b>Stated:</b> First time  <b>To be completed by:</b> 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	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The feedback report did not contain any action plans and was not in a format that was suitable for service users to understand. This will be stated for a second time.	

## 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 had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was submitted following the inspection and found to be satisfactory.

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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations.

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 moving, 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.

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.

All staff had been provided with training in relation to medicines management. The agency evidenced on the day of inspection, that the practical medication training is under review, this will be reviewed at future inspections. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. Competency for administering medications are undertaken. The agency has redesigned the medication competency documentation to ensure clarity of the specific tasks competency was achieved. This will be reviewed at future inspections.

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 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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

### **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 about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services 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)?**

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.

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.

### **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 pre-employment criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Full employment histories and gaps in employment were not consistently identified. An area for improvement has been identified and will be stated for the second time. The interview process was reviewed and the scoring system for the interviews was unclear. An area for improvement has been identified.

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 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, 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, 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.

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

There were monitoring arrangements in place. A review of the reports of the agency's quality monitoring established that there was engagement with service users and service users' relatives, however no report was completed in January 2024, action plans from previous months' reports were not accurate. In addition, the reports did not contain comments from staff, or from professionals. An area for improvement has been identified.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

The review of the management of complaints lacked evidence that these were appropriately recorded and managed. An area for improvement has been identified. The agency has developed a complaints log following the inspection.

The quality of services provided was undertaken, this did not contain feedback from staff or professionals, and did not detail any follow up actions. In addition, the report was not in a suitable format. An area for improvement has been identified and will be stated for a second time.

The Statement of Purpose and Service User Guide required updating. These revised documents were submitted following the inspection and found to be adequate.

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. The agency has introduced a new audit of returned records, this will be reviewed at future inspections.

There is a system in place that clearly directs staff as to what actions they should take if they are unable to gain access to a service user's home.

## 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
<b>Total number of Areas for Improvement</b>	4*	1*

\* the total number of areas for improvement includes two that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with Mrs Karen Cunningham, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d) Schedule 3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>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.</p> <p>This relates to full employment histories being obtained for every applicant and employment references are verified prior to the commencement of employment.</p> <p>Ref: 5.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Employment histories will be fully checked going forward</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless they have the experience and skills necessary, this relates specifically to the interview scoring system being unclear.</p> <p>Ref: 5.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Interview score sheet has been changed and updated</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 23 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall ensure that they shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This relates specifically to the accuracy of action plans and feedback from staff and professionals.</p> <p>Ref: 5.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> <b>Each month will be checked back on and followed up accordingly and feedback will be sought from staff and other professionals</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 22 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall establish a procedure for considering complaints made to the registered person by a service user or a service user’s representative. This relates specifically to the lack of evidence that these were appropriately recorded and managed.</p> <p>Ref: 5.2.6</p>
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</b></p>	<p><b>Response by registered person detailing the actions taken:</b> <b>Our Complaints procedure has been updated and how it is recorded has changed format</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</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>The report should be in a format which is suitable for the service users to understand.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> We had a system in place which has now been updated and increased information will be sought</p>

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



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