

Inspection Report

6 September 2022



Trust Domiciliary Service & Armagh and Dungannon Locality

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: Southern HSC Trust	Registered Manager: Mr Ronald Cartwright
Responsible Individual Dr Maria O'Kane	Date registered: 21/08/2022
Person in charge at the time of inspection: Mr Ronald Cartwright	
Brief description of the accommodation/how the service operates: Trust Domiciliary Service Armagh and Dungannon is a domiciliary care agency within the Southern Health and Social Care Trust (SHSCT). The agency's aim is to provide care to meet the individual assessed needs of people in their own homes.	

2.0 Inspection summary

An unannounced inspection took place on 6 September 2022 between 9.00 a.m. and 2.30 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, training and adult safeguarding.

Areas for improvement identified related to staff training and staff induction.

Good practice was identified in relation to service user involvement. 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.

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:

- "Very happy with the standard of care."
- "No complaints and no missed calls."
- "Staff are helpful and pleasant."
- "Very happy with the service."

Service users' relatives/representatives' comments:

- "Carers are like family."
- "There have been a number of new carers and the adjustment has been challenging."
- "Very happy with the standard of care."
- "No complaints."

Staff comments:

- "Job is hard because of staff shortages and cost of fuel."
- "Feel well supported and valued."
- "I get my rota in a timely manner."
- "Training is good."

HSC Trust representatives' comments:

- "I have always found Trust Domiciliary Services very informative and helpful in any contact I have had with them."
- "The staff are kind and courteous in nature and despite pressures, they try their hardest to help us where possible in accepting new packages of care / increasing existing packages of care to provide consistency and familiarity to service users."
- "They provide person centred care, have excellent lines of communication through appropriate and frequent updates and really go above and beyond."

There were no responses to the questionnaire or 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 12 November 2020 by a care inspector. No areas for improvement were identified.

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).

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.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Safeguarding training was not up to date for a number of staff. An areas for improvement has been identified in relation to safeguarding training and of other training described later in this section.

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).

A number of staff were not provided with training appropriate to the requirements of their role. This included manual handling, medicines management and deprivation of liberty training. This is included in the area for improvement already described above.

A review of care records identified that moving and handling risk assessments and care plans were up to date. 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.

A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. 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 would be undertaken before staff undertook 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. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

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.

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 are required to complete training in Dysphagia as part of the medicines management training. An area for improvement in relation to medicines management training has been described earlier in the report.

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 before staff members

commenced employment and had direct engagement with service users. 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 a lack of 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 evidence that new workers shadowed a more experienced staff member. An area for improvement has been identified in relation to induction. Advice was given to the manager in relation to standardisation of the content of staff files and good documentation practices.

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 and safeguarding matters.

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.

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.

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

6.0 Conclusion

Based on the inspection findings, two areas for improvement were identified. Despite this, RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

Two 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	2	0

Areas for improvement and details of the QIP were discussed with the 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	
Area for improvement 1 Ref: Regulation 16 (2) (a) Stated: First time To be completed by: Immediately from the date of inspection	<p>The registered person shall ensure that each employee of the agency receives training and appraisal which are appropriate to the work he is to perform.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: I recognise that improvements are required to ensure that staff complete training within appropriate timescales. This has been challenging due to covid social distancing reducing numbers of attendees at face to face training and staff access to IT device/WiFi to complete eLearning. A plan is now in place for additional training sessions to ensure compliance is achieved.</p>
Area for improvement 2 Ref: Regulation 16 (5) (a) Stated: First time To be completed by: Immediately from the date of inspection	<p>The registered person shall ensure that a new domiciliary care worker is provided with appropriately structured induction training lasting a minimum of three full working days.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The service currently have systems in place to record induction / work shadowing which does consist well in excess of 3 days but will be improving how this is recorded in individual staff personal files to make this easier for the Inspector to review at Inspection. Currently this information is recorded on administration databases. The service will also improve its practice of ensuring staff completing work shadowing, is clearly documented and recorded in care staff personal files also.</p>



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