

Inspection Report

9 September 2024



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 Responsible Individual: Dr Maria O'Kane	Registered Manager: Ms Tonya Mc Ardle (Acting) Date registered: Not Applicable
Person in charge at the time of inspection: Locality Manager	
Brief description of the accommodation/how the service operates: Trust Domiciliary Service Armagh and Dungannon Locality 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 9 September 2024 between 9.40 a.m. and 4.20 p.m. The inspection was conducted by two care inspectors.

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.

An area for improvement was identified in relation to supervision, which will be stated for a second time. It was also noted that an area for improvement in regard to staff training, already stated on two prior occasions and assessed as not met during this inspection, which will be stated for a third and final time.

In response to this, RQIA invited the Assistant Director, Head of Domiciliary Care Service and the Registered Manager to a meeting on 25 September 2024 to provide feedback on the inspection findings and to discuss how identified deficits were to be addressed. RQIA was provided with adequate assurances that the identified issues were being addressed in a robust and timely manner.

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:

- "The girls are all very good."
- "If they are running late, they will phone me."
- "They didn't make it here once, due to an issue with a tyre but my daughter helped."
- "I know how to contact the office if I ever need to make a complaint."

Service users' relatives' comments:

- "My mum loves to see them coming."
- "We recently had a change in the carers, hopefully over time they will have as good of a relationship with us as the previous carers had."
- "The carers are very respectful."
- "I had an issue a few months ago, reported it and it was dealt with promptly."

Staff comments:

- “I love my job.”
- “The training is really good, much better than in my previous care roles.”
- “The care delivered is very good.”

No questionnaires were returned and there were no responses 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 11 September 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspectors during this inspection.

Areas for improvement from the last inspection on 11 September 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (2) (a) Stated: Second 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>Action taken as confirmed during the inspection: Findings on inspection did not confirm that a robust plan had been implemented and monitored to ensure staff training is completed and recorded in timely manner.</p>	Not met
Area for improvement 2 Ref: Regulation 16 (5) (a) Stated: Second 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>Action taken as confirmed during the inspection: A clear, consistent and structured approach to record staff induction was evidenced in personnel files.</p>	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 13 (3) (5) Stated: First time To be completed by: Immediately from the date of inspection	<p>The registered person shall ensure that staff have recorded formal supervision meetings and have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Action taken as confirmed during the inspection: No process evidenced at inspection to ensure formal supervision and appraisals are completed and recorded within an appropriate time scale.</p>	Not met

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 safeguarding concerns.

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 Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines.

Findings on inspection did not confirm that a robust plan had been implemented and monitored to ensure staff training is completed and recorded in timely manner.

These matters were discussed with the manager at the conclusion of the inspection and in addition, at a meeting held by RQIA on 25 September 2024. Assurances were provided that actions had been taken or were planned to address the matters identified. An area for improvement has been identified in this regard and will be stated for a third and final time.

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. A resource folder was available for staff to reference containing DoLS information was available for staff to reference.

5.2.2 What are the arrangements for promoting service user involvement?

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 training in Dysphagia is included in the staff training database.

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.

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.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

No process was evidenced at inspection to ensure formal supervision and appraisals are completed and recorded within an appropriate time scale. An area for improvement has been identified and will be stated for a second time.

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 reviewed and was satisfactory.

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.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

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	1*	1*

* the total number of areas for improvement includes one that has been stated for a second time and one that has been stated for a third and final time.

The areas for improvement and details of the QIP were discussed with Mr Ronald Cartwright, Locality 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: Third 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, 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has confirmed that a weekly assurance process has been implemented to ensure that all outstanding staff training is completed within the required timescales. The Registered Manager has improved oversight of compliance and is monitoring progress throughout the agency. The process of nominating staff to attend training has now been reviewed by the Registered Manager and work has since commenced to refresh the training needs analysis for each staff member and a KPI schedule put in place to support with achieving compliance.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 2 Ref: Standard 13 (3) (5) Stated: Second time To be completed by: Immediately from the date of inspection	<p>The registered person shall ensure that staff have recorded formal supervision meetings and have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has confirmed that any outstanding staff supervisions and appraisals are now being actioned across the agency. An improved assurance system has been implemented to ensure that these are completed within the required timescales. The Registered Manager has oversight of this and is responsible for monitoring progress and compliance.</p>

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