

Inspection Report

11 September 2023



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: Ms Leanne Mc Conville (Acting)
Responsible Individual Dr Maria O'Kane	Date registered: Not Applicable
Person in charge at the time of inspection: Ms Leanne Mc Conville	
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 11 September 2023 between 10.10 a.m. and 5.10 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 were identified in relation to induction, training and staff appraisal / supervisions. The areas for improvement in relation to both induction and training are stated for a second time.

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 staff 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:

- "Carers are chatty, and always very pleasant."
- "I feel safe when they are caring for me."
- "I have no complaints and no missed calls."

Service users' relatives' comments;

- "We are happy to have the service, and would be stuck without it."
- "Carers are all helpful and pleasant."
- "I have no complaints."
- "There have been a few missed calls."
- "The office staff are very easy to contact."
- "My mum is never rushed by the carers."
- "We can never repay these carers for making a difference. It makes me so happy that staff can be so selfless and caring."
- "There is a team of exceptional carers, whose care, compassion and understanding can never be understood unless you have the pleasure of that team crossing the door of your loved one."

Staff comments:

- “I feel very supported by the manager.”
- “My training is up to date.”
- “I feel confident to raise any concerns.”
- “The level of care being provided is extremely good.”
- “My training to date has been of a high standard and it has helped me gain confidence in my new role.”
- I am very passionate about my work and can say that overall I am very happy in my post and feel very lucky to have good support around me to ensure I can be the best within my new role.”

There were no responses to the questionnaires and no responses to the electronic staff 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 6 September 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 6 September 2022		
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: First time To be completed by: Immediately from the date of inspection	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. Ref: 5.2.1 Action taken as confirmed during the inspection: On Inspection the training matrix evidenced that staff had overdue training with no planned / booked date in all aspects of training reviewed.	Not met
Area for improvement 2 Ref: Regulation 16 (5) (a)	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. Ref: 5.2.5	

Stated: First time To be completed by: Immediately from the date of inspection	Action taken as confirmed during the inspection: Evidence available on inspection of three shadowing shifts, no evidence of structured induction in files viewed.	
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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).

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. The training matrix was reviewed which evidenced that identified staff were overdue adult safeguarding training. An area for improvement was made in relation to training which will be stated for the second time and will include other aspects of training discussed in later aspects of this report. 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 raising concerns.

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 manager 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, however the review of the training matrix evidenced that a number of training topics were overdue, this included moving and handling training. An area for improvement has been made for the second time in relation to this finding which has been referred to in an earlier part of this report.

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, however the review of the training matrix evidenced that a number of training topics were overdue, this included medicines management. An area for improvement has been made in relation to this finding which has been referred to in an earlier part of this report. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines.

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.

All staff had been provided with training in relation to Deprivation of Liberty Safeguards (DoLS), however, the review of the training matrix evidenced that a number of training topics were overdue, this included DoLS. An area for improvement has been made in relation to this finding which has been referred to in an earlier part of this report. The manager reported that none of the service users were subject to DoLS. Documentation in relation to restricted practice was available to review on the day of inspection.

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)?

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 in relation to Dysphagia will be included in the area for improvement in relation to training which has been referred to in an earlier part of this report.

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.

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 (Access NI), 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. Advice was given in relation to including the completed recruitment checklist in the staff file and to standardise the content of these files. This will be reviewed at future inspections.

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 shadowing of a more experienced staff member had taken place. An area for improvement has been made and is stated for the second time.

A review was undertaken of supervision and appraisals. There was a lack of evidence that supervisions and appraisals are planned and undertaken in a timely manner. An area for improvement has been made.

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, some advice has been given for consideration for future reports, this will be reviewed at future inspections.

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

An updated registration certificate was requested and issued on the date of inspection.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection. Many compliments were viewed that had been received from service users and their families.

The Statement of Purpose and Service User Guide required updating. The manager was signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. This will be reviewed at future inspections.

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

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.

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. The agency has retained records for each occasion these actions have been required.

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

* 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 Ms Leanne Mc Conville, Acting 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: Second time To be completed by: Immediately from the date of inspection	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. Ref: 5.2.1, 5.2.3
	Response by registered person detailing the actions taken: The registered manager accepts and acknowledges improvements are required to ensure domiciliary care workers complete training within appropriate timescales. In order to ensure compliance with RQIA regulations a robust plan has been implemented to ensure staff training is completed and

	recorded in timely manner. This process will be monitored on a regular basis to ensure effectiveness.
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>Ref: 5.2.5</p>
	Response by registered person detailing the actions taken: The service currently have systems in place to ensure staff complete an appropriate induction programme. The registered manager recognises that improvements are required to ensure a clear, consistent and structured approach to record staff induction in their personnel files. A structured programme consisting of training, induction & shadowing has been developed and shared with the RQIA inspector who completed the inspection to confirm it meets RQIA regulations.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
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>Ref: 5.2.5</p>
	Response by registered person detailing the actions taken: Registered manager recognises that supervisions and appraisals are now being actioned consistently across the team. A process has been implemented to ensure formal supervision and appraisals are completed and recorded within an appropriate time scale.

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