

Inspection Report

18 September 2023



Trust Domiciliary Service – Banbridge and Craigavon

Type of service: Domiciliary Care Agency
Address: Banbridge Health and Care Centre, Old Hospital Road,
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Southern Health and Social Care Trust | Registered Manager: Mr Ronald Cartwright (Acting) |
| Responsible Individual: Dr Maria O'Kane | Date registered: Not Applicable |
| Person in charge at the time of inspection: Mr Ronald Cartwright | |
| Brief description of the accommodation/how the service operates: This is a domiciliary care agency which provides personal care to adults and children who have physical health conditions or disabilities, learning disability, mental health or dementia needs within the Southern Health and Social Care Trust (SHSCT). Service users are supported by 507 care workers. | |

2.0 Inspection summary

An unannounced inspection took place on 18 September 2023 between 9.00 a.m. and 3.00 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.

An area for improvement was identified, this related to staff supervision and appraisals.

Good practice was identified in relation to 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 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:

- "I have no complaints, no missed calls and the numbers to contact the office."
- "I couldn't speak highly enough of the carers."
- "I contacted the office once about an issue and it was all resolved very quickly."

Service users' relatives' comments:

- "No complaints, there have been a small number of missed calls, but overall the service is good."
- "Staff are all lovely and approachable."
- "Very happy with the standard of care."
- "it is going really well- it's a lifeline, I couldn't praise them highly enough."
- "Dad is fond of them all."
- "The staff are excellent."
- "I am aware of who to contact if I had any concerns."
- "I couldn't say anything negative at all."
- "My dad is getting the best care possible"

Staff comments:

- "Training is good."
- "There is nothing I can think that I wish was different."
- "This is a high quality service; the reason for this is, because each of us is supported."

- “You never feel alone in this job, there is always someone to ask.”
- “The manager is great for dealing with any issues.”
- “This is a professional service.”
- “Everything is fine; I have no complaints or concerns.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “Completely satisfied.”

There were no responses received 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 11 July 2022 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. 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.

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. 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.

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.

A number of staff had expired training courses, the training matrix contained forthcoming dates for the completion of the outstanding training. The manager will monitor progress in completion of these outstanding training topics and this will be reviewed in 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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference. The record of restrictive practices was viewed and found to be satisfactory.

A number of staff did not appear to have a recent formal supervision / appraisal recorded. An area for improvement has been made.

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 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 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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

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 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, three day 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 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.

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. Complaints received since the last inspection, were appropriately managed and were reviewed as part of the agency's quality monitoring process. A number of compliments had been received by the service, some of the comments included:

- "Thank you for your dedication and kindness"
- "I am very grateful for the care and compassion the carers have shown to them as a family."
- "The care given was out of this world."

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.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has 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 |

The area for improvement and details of the QIP were discussed with Mr Ronald Cartwright, 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 Minimum Standards (revised) 2021 | |
| Area for improvement 1 Ref: Standard 13 (3)(5) Stated: First time To be completed by: | 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. Ref: 5.2.1 |

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| Immediately from the date of inspection | Response by registered person detailing the actions taken: The registered manager has confirmed that supervisions / appraisals are now being actioned across the team. A system has been implemented to ensure that these are completed within appropriate timescales. Registered manager has oversight of this and is monitoring progress throughout the team. |
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