

Inspection Report

12 January 2023



Western Health & Social Care Trust Home Care Department Hope Centre

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

<p>Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)</p> <p>Responsible Individual: Mr Neil Guckian</p>	<p>Registered Manager: Mr Martin Edward McGeady</p> <p>Date registered: 28 April 2009</p>
<p>Person in charge at the time of inspection: Service Manager</p>	
<p>Brief description of the accommodation/how the service operates: Domiciliary care provided by the WHSCT in the Fermanagh area is known as the Home Care Department Hope Centre.</p> <p>Homecare Services are currently being provided to 235 service users who require care/support due to physical disability, learning disability, mental health care needs and older people. The range of services includes personal care, practical and social care support. The agency has a current staff compliment of 128 staff. The agency also provides a reablement homecare service in partnership with the WHSCT Occupational Therapy (OT) department. This short term programme supports people to relearn essential skills and regain independence to enable them to continue to remain at home.</p>	

2.0 Inspection summary

An unannounced inspection took place 12 January 2023 between 9.35 a.m. and 3.35 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, dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement identified related to monthly quality monitoring arrangements and training in responding to choking incidents.

Good practice was identified in relation to the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC) and the management of accidents/incidents.

All service users spoken with indicated that they were very happy with the care and support provided by the staff.

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 process we spoke with a number of service users, relatives, staff members and HSC Trust representatives.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "Carers are very satisfactory and I am happy with all."
- "The carers are kind to me and very helpful."
- "Couldn't get a better service."
- "The girls are very cheerful and I feel relaxed in their company."
- "Carers treat me very well."

Service users' relatives/representatives' comments:

- "Excellent service and I am very happy with the care provided."
- "The carers are the jolliest and kindest girls I have ever met."
- "I am appreciative of the service."

Staff comments:

- “On call arrangements are very good; calls are always answered and very supportive arrangement.”
- “All care plans and risk assessments are available in the client’s home.”
- “I got a very good induction that included mandatory training and two days shadowing.”
- “Copy of speech and language therapist’s recommendations are available in care records.”

HSC Trust representatives’ comments:

- “Good communication from the co-ordinators; if there is a change in the service user’s needs I am informed immediately.”
- “I have nothing but praise for the carers; they are brilliant.”
- “I find staff very professional.”
- “The agency is very accommodating and I have not had any problems or issues.”

No questionnaires were returned and no responses were 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 30 December 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 30 December 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 15 (2) (a) Stated: First time	The registered person shall ensure that the care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI) as indicated on the Speech and Language Therapist documentation.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the person in charge confirmed that this area for improvement had been addressed. We reviewed two care records. Review confirmed that the care plans were reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI) as indicated on the Speech and Language Therapist documentation.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: First time	The registered person shall ensure that staff are trained for their roles and responsibilities.	Met
	This relates specifically to Adult Safeguarding update training, DoLS and Dysphagia training. Action taken as confirmed during the inspection: Review of staff training information evidenced that Adult Safeguarding update training, DoLS and Dysphagia training had been completed following the last care inspection. The person in charge confirmed that there is a rolling staff training programme in place.	

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 person in charge 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 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.

A review of a sample of accident/incident records evidenced that these were managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies 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. 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.

Staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) 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. The person in charge reported that none of the service users were subject to DoLS.

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. The person in charge confirmed care and support plans are kept under regular review. The person in charge advised that the agency participated in Trust-led reviews as requested.

The agency undertakes monthly monitoring calls with service users to obtain their views on the service provided.

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 had completed training in Dysphagia. A number of staff had not completed training in how to respond to choking incidents. An area for improvement has been made in this regard.

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.

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.

There were no volunteers working in the agency.

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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken

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

We discussed the monitoring arrangements under Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. 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.

Review of quality monitoring visits identified that a monitoring visit had not been undertaken in November and December 2022. An area for improvement has been made in this regard.

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 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 person in charge advised that 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.

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

Areas for improvement and details of the QIP were discussed with the service 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 23 (1)(2) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person must ensure that the monthly quality monitoring visits are in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Ref:5.2.6
	Response by registered person detailing the actions taken: The Western Trust Homecare Department has a comprehensive quality assurance system and process in place including monthly monitoring arrangements in compliance with Regulation 23.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised)	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that staff are trained for their roles and responsibilities. This relates specifically to how to respond to choking incidents. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Western Trust Homecare Department provides a range of regular training and development to ensure that staff are trained to discharge their roles & responsibilities in accordance with Standard 12. Arrangements will be made to incorporate response to choking training within the training programme and targeted to staff as appropriate.

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