

# Inspection Report

## 30 December 2021



## Western Health & Social Care Trust Home Care Department Hope Centre

Type of service: Domiciliary Care Agency  
Address: Homecare Department, The Hope Centre, Erne Road,  
Enniskillen, BT74 6NN  
Telephone number: 028 6634 2410

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Western Health and Social Care Trust (WHSCT)</p> <p><b>Responsible Individual:</b> Mr Neil Guckian</p>	<p><b>Registered Manager:</b> Mr Martin McGeady</p> <p><b>Date registered:</b> 28 April 2009</p>
<p><b>Person in charge at the time of inspection:</b> Service manager</p>	
<p><b>Brief description of the accommodation/how the service operates:</b> 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 283 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 131 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 care inspection was undertaken on 30 December 2021, between 9.50 a.m. and 3.25 p.m.

This inspection focused on staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

As a result of this inspection two areas for improvement were identified in relation to staff training and care records.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users' homes. There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT's representatives and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives and staff to request feedback on the quality of service provided. This included an electronic survey to enable staff, relatives and service users to feedback to the RQIA. No responses were received.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

### 4.0 What people told us about the service

We spoke with three service users, two relatives, four staff and two HSCT representatives following the inspection. The following is a sample of comments made:

#### Comments from service users' included:

- "Very pleasant, respectful staff."
- "Staff treat me with kindness and care."
- "This is a very good service and I am very happy with the care I get."
- "The girls are a great bunch."
- "Happy with everything; I have no problems."
- "The girls always come when they are meant to and if they are running late they will ring and let me know."
- "I feel I am well treated and well looked after."

**Comments from service users' representatives included:**

- “The girls wash their hands and always wear their PPE (Personal Protective Equipment); the girls make us feel safe by their actions.”
- “I could not find fault with the service even if I wanted to.”
- “Brilliant service and the girls have a great relationship with xxxx.”
- “My view is that the care is very good.”
- “Girls never miss a call.”
- “The staff are always cheerful and have time for xxxx.”

**Comments from staff included:**

- “Good support from seniors and on call arrangements 24 hours.”
- “We are provided with lots of PPE stock and can get PPE out of hours.”
- “All care records are available in the clients' home.”
- “I never miss a call and stay the allocated time.”
- “I have done Adult Safeguarding training and know the types and signs of abuse. If I had any concerns I would report them right away.”
- “Good communication and we are informed of any changes.”
- “Care is based on the care plans and we record all visits on the daily records.”
- “Good information provided regarding Covid-19 including emails and action cards.”

**Comments from HSCT representatives:**

- “I have no issues with the agency; they provide a very good service.”
- “The staff communicate any changes in a service user's care in a timely manner.”
- “Excellent service and care provided is of a good standard.”
- “I feel this is a good agency.”
- “Accommodating staff and they will always go the extra mile.”
- “Quality care and standards are very good.”

**5.0 The inspection****5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Western Health & Social Care Trust Home Care Department Hope Centre was undertaken on 18 February 2021 by a care inspector; no areas for improvement were identified.

**5.2 Inspection findings****5.2.1 Are there systems in place for identifying and addressing risks?**

The agency's provision for the welfare, care and protection of service users was reviewed. The person in charge confirmed that the organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy Adult Safeguarding Prevention and Protection in Partnership, July 2015 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 demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements. There had been no concerns raised to the person in charge under the whistleblowing procedures.

The agency had a system for retaining a record of referrals made in relation to adult safeguarding. Records viewed and discussions with the person in charge indicated that no referrals had been made with regard to adult safeguarding since the last inspection. Adult safeguarding matters were reviewed as part of the quality monitoring process.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. It was noted that a number of staff had not completed adult safeguarding update training. An area for improvement has been identified.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing. Staff could describe the process for reporting concerns outside of normal business hours.

The service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

The agency's governance arrangements in place for identifying, managing and, where possible, eliminating unnecessary risk to service users' health, welfare and safety were reviewed during the inspection. This indicated that an effective incident and accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager, senior manager and the WHSCT governance department. A review of a sample of these records and discussion with the person in charge evidenced that incident and accidents had been managed appropriately.

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

The person in charge demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The person in charge told us that no service users met the criteria to have a DoLS process put in place at this time. The person in charge stated that there were no restrictive practices in place at the time of the inspection.

Review of the staff training matrix and discussion with the person in charge confirmed that a number of staff had not completed DoLS training. An area for improvement has been identified.

The person in charge confirmed the agency does not manage individual service users' monies or valuables.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff stated that they receive regular updates with regards to changes in guidance relating to Covid-19 and had access to PPE.

### **5.2.2 Is there a system in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

Discussions with staff and review of service user 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 domiciliary care agency. There was evidence that agency staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was noted that one service user had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. However, review of records identified that there were discrepancies between the SALT recommendations to that indicated on the care plan. This was discussed with the person in charge who agreed to address the matter. An area for improvement has been made in this regard.

Training records reviewed did not provide assurances that dysphagia training has been undertaken by all staff. An area for improvement has been identified.

### **5.2.3 Are there robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, organisation's Human Resources (HR) department and Business Services Organisation (BSO). Records viewed evidenced that criminal record checks (AccessNI) had been completed before staff commence direct engagement with service users.

A review of the records confirmed that all staff are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's governance department.

Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

The person in charge told us that the domiciliary care agency does not use volunteers or voluntary workers.

#### 5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The reports included details of accident/incident, safeguarding matters, complaints, staff recruitment and training, Covid-19, missed calls and NISCC registration. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. Records view and discussion with the person in charge confirmed that complaints received since the last inspection had been managed in accordance with the agency's policy and procedures.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

Discussions with the person in charge and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

It was established during discussions with the person in charge that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

## 6.0 Conclusion

Based on the inspection findings and discussions held with service users, relatives, HSCT representatives and staff, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led.

As a result of this inspection two areas for improvement were identified in relation to staff training and care records.

The inspector would like to thank the person in charge, service users, relatives, HSCT representatives and staff for their support and co-operation throughout the inspection process.

## 7.0 Quality Improvement Plan/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 August 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, as part of the inspection process and with Mr Martin McGeady, registered manager, post inspection. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of the inspection</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The number of service users where the IDDSI applies is very small [less than 2% of caseload] Since the inspection each case has been reviewed and where applicable arrangements have been put in place to ensure that the outcome of the SALT assessment has been reflected in the service user care plan and that all care staff involved in these cases are fully aware of and understand the implications and their particular role.</p> <p>Arrangements have been put in place to ensure that whenever such cases are referred or emerge within the existing caseload that there are measures to ensure that the appropriate assessments are obtained and the service records and care plans are updated accordingly.</p>
<b>Action required to ensure compliance with Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, Revised August 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of the inspection</p>	<p>The registered person shall ensure that staff are trained for their roles and responsibilities.</p> <p>This relates specifically to Adult Safeguarding update training, DoLS and Dysphagia training.</p> <p>Ref: 5.2.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager recognises the shortfall in training activity in the past year relating to Adult Safeguarding Update, DoLS and Dysphagia</p> <p>During the inspection the Manager in charge explained to the inspector that training activity had been impacted by the ongoing Covid-19 pandemic. There are 3 principal factors that have contributed to the shortfall;</p>

- General downturn in training activity during the pandemic as access to traditional training venues was very limited given the impact of necessary restrictions and social distancing.
- Lack of access to training facilitators many of whom were diverted to more critical operational activities linked to departmental or Trust surge response.
- Inability to release staff for training due to severe operational pressures as a direct result of high levels of Covid related staff absence

The Registered Manager provided the inspector with a detailed action plan indicating how the training deficits in the identified areas are being addressed, this is summarised below;

#### 1. Adult Safeguarding

Since the inspection the Homecare Department has facilitated virtual Adult Safeguarding Update session via Zoom.

Evaluation feedback indicates that the session was very worthwhile particular with regard to the use of virtual training which eliminates the requirement to secure training venues, travel time, etc.

Based on the very positive feedback the Homecare Department has scheduled regular virtual Zoom session from March onwards, this will ensure that all staff will have received their update as required

Until access to traditional training venues returns to normal Zoom training is likely to be the regular method of training delivery going forward

#### 2. DoLS

The Registered Manager had advised the inspector that the roll-out of the MCA / DoLS training had been put on hold following negative feedback from Homecare staff who had undertaken the Level 2 eLearning module online, including;

- Level 2 MCA Training pitched at a level that care staff report is difficult to comprehend
- Homecare staff report that they found it difficult to contextualise MCA and apply to their day to day role.
- eLearning module meant that they were unable to seek clarity on issues that were unclear whilst undertaking the training module
- Many homecare staff are not yet accustomed to virtual training platform and will require supplementary training in this respect to develop skills

	<p>The Registered Manager has engaged with the Trust's Mental Capacity Act Implementation Lead to determine whether alternative improved arrangements can be put in place to promote awareness of MCA within the Trust's homecare workforce and to develop meaningful training materials and content with suitable delivery arrangements that will be in keeping with DHSS&amp;PS requirements.</p> <p>The following key actions have been agreed;</p> <p>[a] MCA Implementation Team are supporting the Homecare Department to develop a MCA information leaflet tailored specifically for the Homecare service. To be distributed as a priority to all Homecare staff</p> <p>[b] Specific tailored Homecare MCA training [in keeping with Level 2 eLearning module] developed for delivery to Homecare staff</p> <p>[c] Test of tailored Training sessions to be delivered [2 virtual sessions via Zoom and 2 in person]. Training De-brief &amp; modification based on evaluation and feedback</p> <p>[d] Level 2 Tailored Training roll out. Two sessions per month during 2022 to facilitate up to 30 Homecare staff per session with a mix of virtual and in –person sessions</p> <p>[e] Level 3 Tailored Homecare Training to be developed once Level 2 sufficiently progressed</p> <p>3. Dysphasia Training</p> <p>Dysphasia Awareness training has been incorporated into the Homecare Mandatory Training Update schedule commencing March 2022.</p>
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The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

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