

# Inspection Report

25 March 2024



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

Type of service: Domiciliary Care Agency  
Address: Keyworkers Accommodation, South West Acute Hospital  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western HSC Trust	<b>Registered Manager:</b> Martin Edward McGeady
<b>Responsible Individual:</b> Neil Guckian	<b>Date registered:</b> 28 April 2009
<b>Person in charge at the time of inspection:</b> Mrs. Patricia Carlin, Enniskillen Homecare Office Manager	
<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.  Homecare Services are currently being provided to 311 service users who require care/support due to physical disability, learning disability, mental health care needs and to older people. The range of services includes personal care, practical and social care support. The agency has a current staff compliment of 169 staff. The agency also provides a re-ablement 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.	

## 2.0 Inspection summary

An unannounced inspection took place on Monday March 25 2024 between 9.15 a.m. and 12.30 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 examined.

Good practice was identified in relation to care planning, service user and relatives' feedback. 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 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 love the girls. They help me a lot."
- "I live alone and couldn't manage without them."
- "I find the carers great. No problems at all. They are very dependable."

#### **Service users' relatives'/representatives' comments:**

- "The service is fine. There are no issues. The carers are very good."
- "It's a great service."
- "The girls are so good. They're like family. They always go above and beyond."

**Staff comments:**

- “I love it here.”
- “I love interacting with the service users.”
- “I like caring. I like being out and about. The manager is very good and will react to any reports I send back.”

**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 12 January 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and validated during this inspection.

<b>Areas for improvement from the last inspection on 12 January 2023</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 23 (1)(2) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that monthly monitoring reports were available and up to date at the time of inspection.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that staff are trained for their roles and responsibilities. This relates specifically to how to respond to choking incidents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that some training had been completed were available and up to date at the time of inspection. There is a lack of clarity as to what training is required. The inspector has since provided details about a video detailing the action to be taken in the event of a service user choking and the manager has confirmed that staff have watched the video.	

## 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.

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 agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). There had been no notifiable incidents since the last inspection.

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. Daily records completed by staff noted the type of equipment used on each occasion.

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. 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 Mental Capacity Act (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 current service users were subject to DoLS. A resource folder was available for staff to reference.

### **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 services users and /or their relatives participate, where appropriate, in the review of the care by both the agency and the commissioning trust.

### **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 had been 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. The manager was signposted to a training video on how to respond to choking incidents. The manager later confirmed to RQIA that all staff had viewed the video.

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 by ensuring that these were reflected in care plans.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements.

### **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 NISCC 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?**

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 (SAI) procedure.

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.

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.

Where staff are unable to gain access to a service user's home, there is a policy and procedure in place that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Patricia Carlin, person in charge, as part of the inspection process and can be found in the main body of the report.





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