

Inspection Report

15 November 2022



Western Health & Social Care Trust Home Care Department

Type of service: Domiciliary Care Agency
Address: Homecare Department, Western Health & Social Care Trust,
Joint Admin Working Space,
Omagh Hospital and Primary Care Complex, Omagh, BT79 0NT
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust	Registered Manager: Mr Martin Edward McGeady
Responsible Individual: Mr Neil Guckian	Date registered: 28 April 2009
Person in charge at the time of inspection: Service Manager	
Brief description of the accommodation/how the service operates: <p>Domiciliary care provided by the Western Health and Social Care Trust (WHSCT) in the Omagh and Strabane areas is known as the Homecare Department and the registered manager is Mr Martin McGeady. The homecare services manager has day-to-day management responsibility for the office at the Omagh Hospital and Primary Care Complex, Joint Administration Working Space.</p> <p>Homecare services are currently being provided to 359 service users in their own homes by a team of 124 staff. These service users have been assessed as needing assistance due to their mental health care needs, physical disability and learning disability and to older people.</p> <p>The range of services includes personal care, practical and social care support along with a reablement service.</p>	

2.0 Inspection summary

An unannounced inspection took place on 15 November 2022 between 9.50 a.m. and 3.25 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.

An area for improvement identified related to staff training.

Good practice was identified in relation to service user involvement and staff registrations with the Northern Ireland Social Care Council (NISCC). There were good governance and management arrangements in place.

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

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 for staff.

4.0 What did people tell us about the service?

Discussion with service users, service users' representatives, HSC professionals and staff evidenced that they felt the care provided was safe, effective, compassionate and well led.

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

Comments received included:

Service users' comments:

- "I am very happy with the service."
- "The girls are friendly and polite and look after me well."
- "I am well pleased with everything."
- "The staff wear their PPE all the time."

Service users' representatives' comments:

- “The girls are fantastic; they really are amazing.”
- “Good standard of care.”
- “Staff are helpful and they would do anything for you.”
- “Xxxx care records are in the house and the carers write in them at every visit.”

Staff comments:

- “We have an out of hours contact number if we have any issues; good support.”
- “I get regular supervision.”
- “All records are in the service user’s home and we record the care delivered and time in and time out.”
- “I got a very detailed induction and lots of training.”

HSC professionals’ comments:

- “I find the service very reliable and have no concerns or issues with the service provision.”
- “It is my view this is a good service.”
- “Service delivery is consistent.”
- “Good communication from staff and I am always notified of any changes in clients.”

A returned questionnaire indicated that the respondent was very satisfied with the care and support provided.

There were 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?

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

The last care inspection of the agency was undertaken on 5 & 12 November 2020 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 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. It was noted that a number of staff had not completed adult safeguarding update training. An area for improvement has been made in this regard.

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.

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 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).

All incidents and accidents were recorded on an electronic system which were reviewed and audited by the manager, to ensure follow up of any outstanding actions, and the WHSCT governance department.

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.

Review of the staff training matrix and discussion with the person in charge confirmed that a number of staff had not completed a medication training update. An area for improvement has been made in this regard.

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).

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 made in this regard.

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 positive 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)?

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. The person in charge advised that a number of staff had undertaken dysphagia training. Training records reviewed did not provide assurances that dysphagia training has been undertaken by all staff. 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 to ensure the care received in the setting was safe and effective.

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. Staff were familiar with how food and fluids should be modified.

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 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?

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.

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. 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.

There is a system in place that services should have an operational policy, procedure or protocol that clearly directs staff from the agency 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

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP were discussed with the person in charge 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	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 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, medication update training, DoLS and dysphagia awareness training.</p> <p>Ref: 5.2.1 & 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Western Trust's Homecare Department has developed a training plan and programme for 2023. This has already commenced and will ensure all mandatory training requirements are met for all staff this year, this will include adult safeguarding, medication update training, DoLS and Dysphagia awareness. Homecare Managers will review progress via their monthly Governance Oversight Meeting to address any factors as they arise that may inhibit delivery.</p>

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