

Inspection Report

8 December 2021



Quality Care Services Ltd

Type of service: Domiciliary Care Agency
Address: 337 Castlereagh Road, Belfast, BT5 6AB
Telephone number: 028 9070 4477

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Quality Care Services Ltd	Registered Manager: Mrs Annette Daly
Responsible Individual: Miss Julie Elizabeth Hunter	Date registered: Registration Pending
Person in charge at the time of inspection: Mrs Annette Daly	
Brief description of the accommodation/how the service operates: Quality Care Services Ltd is a domiciliary care agency located in Belfast. Care is provided to service users, the majority over the age of 65 years old, who have a range of needs including physical disability, learning disability and mental health needs. The services range from personal care, management of medications and social support including sitting services. The services are commissioned by the Belfast Health and Social Care Trust (BHSCT) with a small number of privately funded service users.	

2.0 Inspection summary

An unannounced inspection was undertaken on 8 December 2021 year between 8.45 a.m. and 12.30 p.m. by the care inspector. RQIA had convened a meeting with the BHSCT on 7 December 2021 following a number of concerns being raised regarding the quality of service delivery. The BHSCT had a separate concerns meeting with the service on 7 December 2021.

Due to the information provided to RQIA by BHSCT, it was decided that an unannounced inspection would be undertaken to the service on 8 December 2021, with a focus on the quality of service delivery and the management and governance arrangements in place within the agency. We also reviewed complaints, notifications, adult safeguarding, Deprivation of Liberty safeguards (DoLS), monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to the management of safeguarding and complaints. Good practice was also identified in relation to the dissemination of Covid-19 guidance to staff.

One area for improvement was identified in relation to the monthly quality monitoring reports.

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.

The inspection focused on:

- contacting the service users, their relatives 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, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives and an electronic survey to enable staff to feedback to the RQIA.

4.0 What people told us about the service?

We spoke with the person in charge and eight members of staff who provided a comprehensive overview of the current service. Six service users and six relatives were available for discussion, and we issued a number of questionnaires for service users to complete and return to RQIA. We also provided an electronic survey for staff to complete.

No questionnaires from service users/relatives were received prior to the issue of this report

No electronic feedback from staff was received prior to the issue of this report.

Comments received from service users and relatives:

- "I'm well used to all the staff who attend me."
- "I have no complaints."
- "Good staff."
- "They all come on time to my wife."
- "Brilliant and very helpful."
- "I could not get better."
- "Helpful and supportive."
- "I have no problems at all."
- "It's good to see them coming."
- "They treat me and my family with respect."
- "The girls always have a great sense of humour with my husband."

Comments received from staff:

- "It's a good service I have no complaints."
- "Good observation and supervision."

- “Good Covid guidance and PPE.”
- “Open door policy with the manager.”
- “Good management support.”
- “All my training is up to date.”
- “We support and encourage service users in the community.”
- “I have been with the agency 10 years and have no complaints.”

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 care inspection of the setting was undertaken on 25 March 2021 by a care inspector and no Quality Improvement Plan was issued.

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 organisation’s policy and procedures reflect information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has 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. It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

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.

The agency has a system for retaining a record of referrals made to the BHSCT in relation to adult safeguarding. Records viewed and discussions with the person in charge indicated that two adult safeguarding referrals had been made since the last inspection. It was noted that the referrals had been managed in accordance with the agency’s policy and procedures.

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 their safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The person in charge stated that there were no service users who were subject to DoLS. The person in charge and staff were provided with training appropriate to the requirements of their role; this included DoLS training. Those spoken with 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 stated that they felt very well supported by their line manager at all times and they spoke weekly in person or by phone. It was also discussed that a Quality Assurance Officer attends the office approximately every six weeks to review the internal processes within the agency.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Question with regards care- Dysphagia

This area was not reviewed during this inspection.

5.2.3 Are their robust systems in place for staff recruitment?

This area was not reviewed during this inspection.

5.2.4 Are there robust governance processes in place?

The agency's governance and management arrangements were reviewed and it was noted that the system in place was not compliant with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The reports were not sufficient in that they did not include specific feedback from HSCT professionals on a monthly basis. They were also not signed by the responsible individual and there was no evidence to provide RQIA with an assurance that the responsible individual has oversight of these reports. An area for improvement has been identified in this regard.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection; the complaint had been managed in accordance with the agency's policy and procedures and to the satisfaction of the complainant.

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).

We noted some of the comments received during monthly quality monitoring:

Service users:

- “Happy with staff.”
- “I’m happy with the level of care and support.”
- “The girls are great.”
- “No concerns with our service.”

Relatives:

- “We are happy with the service *** receives.”
- “I’m satisfied.”
- “I’m happy with staff.”
- “I have no issues.”

The agency complete a number of quality assurance visits to individuals homes both announced and unannounced, these checks endeavour to assure the agency of a number of areas of quality including:

- Observation details
- Observation type
- Basic compliance
- General practice and mental capacity
- Care support tasks
- Health and safety
- Medication management
- Specialist healthcare tasks

We noted some of the comments made by service users during these visits:

- “I’m very satisfied.”
- “The girls are of a great help to me.”
- “Staff are wonderful.”
- “I’m happy with the calls received.”
- “I’m satisfied with the care.”
- “The girls are great.”
- “We are both very happy with the care.”
- “I would contact them if I had any concerns.”

6.0 Conclusion

Due to the intelligence provided by the BHSCT and subsequent discussions with the Trust, RQIA considered taking further enforcement action, using Regulation 11 (registered person – general requirements and training) and Regulation 14 (conduct of agency), during an internal meeting on 20 December 2021.

Whilst it was acknowledged that there remains a concern regarding the role of the responsible individual and the level of governance, management and oversight of the services, the feedback from stakeholders during the course of the inspection was positive. Given that there was insufficient evidence regarding any impact on the safety and wellbeing of the service users at this time and the current challenges being faced within the Health and Social Care sector due to the pandemic, RQIA decided not to take any further enforcement action at this time. This decision was communicated with the BHSCT. RQIA will continue to communicate closely with the Trust and to monitor this service. A letter was also sent to the responsible individual on 23 December 2021 advising of this information and decision.

Based on the inspection findings, one area for improvement was identified in relation to the monthly quality monitoring reports.

Despite this, 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 by the manager.

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.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan 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 Regulations (Northern Ireland) 2007

<p>Area for improvement 1 Ref: Regulation 23 (1) (2) (a) (b) (i) (ii) (3) (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>Evaluating the quality of the services which the agency arranges to be provided.</p> <p>At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency –</p> <p>Arranges for the provision of good quality services for service users:</p> <p>Takes the views of service users and their representatives into account in deciding-</p> <p>What services to offer to them, and</p> <p>The manner in which such services are to be provided;</p> <p>The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This relates to the reports being more robust and including comments from and consulting with professionals on a monthly basis. RQIA also seeks assurance that the responsible individual has oversight of the report and submits them directly to RQIA by the 10th day of every month.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Although the Monthly Monitoring forms had been updated to include action plans etc, we have noted the requirement for more details and will ensure this is added going forward.</p> <p>Quality Assurance calls take place regularly with service users/relatives and staff, comments from these conversations have been noted on the forms.</p> <p>The RI has oversight of the reports, and will ensure that these are sent to RQIA accordingly.</p>

**Please ensure this document is completed in full and returned via Web*



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