

# Unannounced Care Inspection Report 14 September 2020



## Quality Care Services Ltd

**Type of Service: Domiciliary Care Agency**  
**Address: 337 Castlereagh Road, Belfast, BT5 6AB**  
**Tel No: 028 9070 4477**  
**Inspector: Corrie Visser**

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Quality Care Services Ltd is a domiciliary care agency based in Belfast. There is 116 staff that provide care services to 298 service users in their own homes. Service users have a range of needs including physical disability, learning disability and mental health needs. The majority of service users are aged over 65 years old. The service users live in the greater Belfast area. The services range from personal care, management of medications and social support along with sitting services. The majority of services are commissioned by the Belfast Health and Social Care Trust (BHSCT) with a small number of privately funded service users.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Quality Care Services Ltd  <b>Responsible Individual:</b> Miss Julie Elizabeth Hunter	<b>Registered Manager:</b> Annette Daly, acting, awaiting application
<b>Person in charge at the time of inspection:</b> Annette Daly	<b>Date manager registered:</b> Annette Daly (Acting) since August 2020

### 4.0 Inspection summary

An unannounced inspection took place on 14 September 2020 from 09.45 to 16.30 hours.

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.

Since the inspection on 8 April 2019 RQIA have not completed a primary inspection. In response to this, RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site inspection approach in line with social distanced guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

On the day of the inspection it was noted that six incidents had taken place since the previous inspection on 8 April 2019. We examined the records and found that the agency had dealt with the incidents in accordance with its own procedure and policy.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had not received any complaints since the last inspection.

Five new areas for improvement were identified and one area for improvement from the previous inspection has been re-stated for the second time. This is in relation to the monthly quality monitoring reports, recruitment, service users' daily logs and care plans/reviews.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), staff induction, staff supervisions and appraisals.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*3	3

\*One regulation has been restated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Annette Daly, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection. However, RQIA convened an Enhanced Feedback Meeting on 20 October 2020 to provide feedback on inspection findings and to be provided with assurances that the service will again come back into compliance with regulations and standards. The responsible individual and two of her senior team provided RQIA with assurances (via teleconference) and will follow up with an action plan as to their proposals of how they will be compliant and remain compliant with the regulations and standards. No further action will be taken by RQIA at this time but the service will be kept under regulatory review in relation to all areas discussed.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 8 April 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 April 2019.

#### 5.0 How we inspect

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

Following our inspection we focused on contacting the service users, their relatives, staff and professionals to obtain their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included “Tell Us” cards, service user’s/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

Following the inspection we communicated with three service users, three staff, six service users’ relatives and three professionals.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

We would like to thank the registered manager, service users, service user’s relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

Areas for improvement from the last care/finance inspection dated 8 April 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23  <b>Stated:</b> First time	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This area for improvement relates to the monthly quality monitoring reports that were unavailable for inspection.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed a sample of the recent monthly quality monitoring reports and it was noted that the reports dated May 2020, June 2020 and July 2020 did not contain an action plan which should review quality improvement. The reports also did not refer to the previous inspection findings and QIP. This area for improvement will be restated for the second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 23.3  <b>Stated:</b> First time	The report referred to 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 Quality Improvement Authority.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The service was submitting the monthly quality monitoring reports to RQIA until July 2019 when they were deemed compliant.</p>	
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## 6.1 Inspection findings

### Recruitment records:

The agency presented a sample of staff recruitment files however these staff had commenced employment a significant period of time prior to this inspection date. We therefore requested files for recently recruited staff and a further three staff files were reviewed. As outlined in Regulation 13, Schedule 3 a statement is required by the registered provider or the registered manager to confirm that the person is physically and mentally fit for the purposes of the work which they are to perform. This was not available in any of the recruitment files. There was also a gap in employment in one staff file and no evidence of any discussion of this during interview. It was further noted that one reference had been requested from the previous employer however was not evident in the file. It was observed that a handwritten note was on the email request stating “not required due to Covid-19”. We discussed this with the manager who advised this was the guidance she had received from her organisation, the manager was unable to provide evidence in support of this referred guidance. This reference was subsequently submitted to us following the inspection. All pre-employment checks should be completed prior to an employment start date being provided which is in line with Regulation 13 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An area for improvement has been stated in this regard.

The NISCC matrix reviewed confirmed all staff were registered with NISCC. The manager advised that a system is in place to monitor the registration of all staff and reminders are sent to staff when they are due to renew their registration. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Staff also confirmed their knowledge of this when providing feedback.

### Monthly Quality Monitoring Reports:

We reviewed a sample of the monthly quality monitoring reports which were available on the day of inspection. It was noted in the reports following the previous inspection on 8 April 2019 the review did not take into consideration the Quality Improvement Plan nor implement an action plan for the service to be compliant with Regulation 23. It was also noted that there were no action plans in any of the reports which were reviewed. This does not identify areas for improvement or monitor the progress of any improvement made on a regular basis. The monthly quality monitoring reports are to ensure that the service are providing a good quality of care and should identify any deficits in staff records and service user records. The inspection findings were not highlighted in the reports and this did not assure RQIA that the responsible individual has governance and oversight of the service. An area for improvement in this regard has been restated for the second time.

### Care Plans and Reviews:

We reviewed eight service users' file. It was noted that the daily logs were not available for four service users as they had not been returned to the office. It is essential that records are

returned to the office in a timely way so they can be audited to ensure that service users' are receiving their full package of care in a safe and effective manner. An area for improvement has been stated in this regard.

Seven out of the eight service users' care plans were significantly out of date and there was no evidence that they had been reviewed on a yearly basis or if any changes had taken place within their package of care. We were unclear as to the current package of care the individual service users were in receipt of due to care plans not matching the service plan timetable. Upon reviewing one service user's package of care it was noted that there were two missed calls on a daily basis over a two week period. This was discussed with the manager who advised that this care plan would have changed to reflect this however this was not evidenced in the file. One service user had two care plans which were different and undated therefore it was unclear as to this individual's current package of care.

It was also noted that the timing of calls were not as per the care plan with one service user getting a call two and a half hours prior to the commissioned time. This was discussed with the manager who advised that the service user requires earlier calls, however this, again, was not recorded or reflected in the service user's file.

It was positive to note that the service had undertaken their own risk assessments with service users which were being updated annually.

We reviewed the daily logs for four service users and noted that there were significant deficits in all four logs including unrecorded dates and times of calls, unsigned records or completed inappropriately in accordance with regulations. On one service user's daily log outlined significantly reduced call times, which raised significant concern as to the accuracy of this call. These deficits were discussed with the manager who advised that these staff members had previously been appropriately managed in line with the agencies procedures on standard of record keeping. It was also discussed with the manager that daily logs are legal documents and needed to be completed appropriately. Areas for improvements were made in these regards.

The manager advised that a new computerised system is being created therefore this practice cannot continue as all records will be digital and any deficits will be identified in real time and actioned.

Comments from service users included:

- "I'm happy."
- "The carers are friendly and respectful."
- "I am sometimes nervous with new carers."
- "They are wearing gloves, masks and aprons."
- "Everything seems to be ok."
- "I'm very happy."
- "They are all doing a great wee job."
- "I have nothing bad to say about them."
- "Mostly the same faces."
- "The only issue I would have is none will sing or dance for me."

Comments from service users' relatives included:

- "It's ok."
- "The carers are very fair with him."
- "It's really good."

- “I could never find a problem with them.”
- “If there are any issues, they ring me.”
- “I get on well with them.”
- “The carers are helpful and respectful.”
- “They are always there on time.”
- “If they can’t get in, they ring me.”
- “It puts my mind at ease that xxxx is being looked after.”
- “I feel xxxx needs more calls but it’s under review with the Social Worker.”
- “We are quite happy with the carers coming here.”
- “The carers are pleasant.”
- “Most are very good.”
- “Time keeping is ok.”
- “The carers know her and know what she’s like.”
- “They seem to come every day and fill in the book.”
- “My mum seems to be happy with the care.”
- “They do what is required of them.”

Comments from care workers included:

- “I enjoy it.”
- “I love my work.”
- “I’m sorry I didn’t do this years ago.”
- “I am often on the phone as I am a worrier and management are always there.”
- “Good communication from the office.”
- “Good guidance through the pandemic.”
- “The rota is done weekly so unable to plan ahead.”
- “It is important for the same faces going into the service users.”
- “Any issues I have had have been dealt with.”
- “Management are supportive.”
- “I have enough time to deliver care.”
- “Everything is grand.”
- “My hours are really good.”
- “We get regular spot checks.”
- “Morning runs can be very busy.”

Comments from professionals included:

- “I am quite please it is working well.”
- “It’s a very good service.”
- “They keep in touch via phone calls and email.”
- “There were previous issues with call times changing but this was the service user’s choice.”
- “No care plan reviews due to Covid-19.”
- “All reviews of care plans are sent to Quality Care.”

## **Covid-19**

We spoke to the manager and to three staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users.



Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- dissemination of information to staff.
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19.
- PPE storage and disposal.
- staff training and guidance on IPC and the use of PPE equipment in line with guidance.

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff.
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

Based on feedback it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

### Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), staff induction and staff supervisions and appraisals.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

### Areas for improvement

One area for improvement has been restated for the second time in relation to the monthly quality monitoring reports and five new areas for improvement have been identified in relation to recruitment, care plans, daily logs and the conduct of the agency to ensure service users are safe.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	3

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Annette Daly, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 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, 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 23</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the service which the agency arranges to be provided. The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the service which the agency arranges to be provided.</p> <p>Ref: 6.0 and 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Monthly Monitoring reports have been adapted to include an action plan which will include actions for any areas of concern that have been flagged during the month, or previous month's monitoring report Completed Monthly Monitoring Forms to be sent to RI and RD for oversight</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13(c) and (d) and Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he is physically and mentally fit for the purposes of the work which he is to perform and full and satisfactory information is available in relation to him in respect of each of the matters specified in Regulation 13 and Schedule 3.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Statement of fitness to be added to the application form Applications forms to be counter signed by RM This action will be followed up week commencing 2.11.2020 - action plan will be updated accordingly</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 15(2) (a), (b) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that that a written plan ("the service user plan") is prepared which shall-</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>Ref: 6.1</p>

	<p><b>Response by registered person detailing the actions taken:</b>  Branch Manager's to identify any out of date careplans and formally request these from the Trust, submitting evidence to SU file  No increase/decrease for services to be accepted without amended paperwork  Branch Manager's to undertake a full file audit to ensure that each SU has an up to date Trust Careplan which matches the service provided  Communication to be sent to each of the Trusts in relation to up to date careplans  Meeting scheduled with Belfast Trust on Friday 23rd October - RM advised of the requirement to ensure up to date careplans are sent accordingly. Contracts Lead is escalating this with the Care Management teams.  Full audit of all files to be complete 31.01.2021 - All actions that are identified to be complete with Belfast trust 28.02.2021</p>
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<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b>   Ref: Standard 5.2   <b>Stated:</b> First time</p>	<p>The record maintained in the service user's home details (where applicable) the date and arrival and departure times of every visit by agency staff, actions or practice as specified in the care plan.</p> <p>Ref: 6.1</p>
<p><b>To be completed by:</b>  immediately from the date of inspection</p>	<p><b>Response by registered person detailing the actions taken:</b>  All records are now electronic, which allows for full oversight. Records are live and can be viewed at any time. Audits can be carried out in a timely manner  Record book audits completed as per company policy</p>
<p><b>Area for improvement 2</b>   Ref: Standard 5.6   <b>Stated:</b>  First/Second/Third time</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry in black pen. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate, his or her carer/representative.</p> <p>Ref: 6.1</p>
<p><b>To be completed by:</b>  immediately from the date of inspection</p>	<p><b>Response by registered person detailing the actions taken:</b>  Model branch systems implemented on 12th October 2020, which records accurate arrival and departure timings. Branch Manager/Regional Manager will conduct daily checks on sample staff to ensure reporting and recording is accurate and efficient, using ECM reporting systems.  Care visit detail to be checked for sample staff on a weekly basis</p>
<p><b>Area for improvement 3</b>   Ref: Standard 5.7   <b>Stated:</b> First time</p>	<p>The records are transferred from the service user's home to the agency or other organisation for safekeeping when the service is concluded or according to the agency's procedures.</p> <p>This relates specifically to the return of daily logs to the office in a timely way.</p>

<b>To be completed by:</b> immediately from the date of inspection	Ref: 6.1
	<b>Response by registered person detailing the actions taken:</b> Model branch systems implemented on 12th October 2020, which records accurate arrival and departure timings. Branch Manager/Regional Manager will conduct daily checks on sample staff to ensure reporting and recording is accurate and efficient, using ECM reporting systems.

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



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