

Inspection Report

8 July 2022



Quality Care Services Ltd

Type of service: Domiciliary Care Agency
Address: 337 Castlereagh Road, Belfast, BT5 6AB
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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 Responsible Individual: Miss Julie Elizabeth Hunter	Registered Manager: Ms Annette Daly Date registered: Application received 29/09/2021 – pending review
Person in charge at the time of inspection: Ms 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 of whom are over the age of 65 years. Service users have a range of needs including physical disability, learning disability and mental health needs. The care provided ranges 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) and the South Eastern Health and Social Care Trust (SEHSCT); in addition there are a small number of privately funded service users.	

2.0 Inspection summary

An unannounced inspection took place on 8 July 2022 between 10.30 a.m. and 4.45 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), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

One area for improvement was identified in relation to dysphagia training for all staff.

Good practice was identified in relation to staff recruitment and induction. 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 Trusts.

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 am extremely happy."
- "The calls are well timed. My carers are very accommodating, especially if I need to change my time."
- "My carers are respectful to myself, my family and my home. They are pleasant and helpful."
- "I know the specific staff member to contact if I need to complain."

Service users' relatives/representatives' comments:

- "The girls are amazing. Every one of them is so good. They are really helpful and lovely."
- "I would like to thank them very much for their service. They put my relative at ease and they are really good and so kind. They know how to treat the elderly."

- “I have never had any problem with the service. The carers and the office staff are first class.”
- “Very loving and caring girls. I can’t complain.”
- “The carers are more than helpful. They do more than they need to do. They are all excellent. All dealings with the office have been very positive.”

Staff comments:

- “We work as a team and there is no pressure.”
- “I am very happy in my job.”
- “Everything is going really well for me.”
- “If I have any concerns, I will call the office and the coordinator is very much on top of things so I am happy.”

No Trust representatives provided any feedback.

No questionnaires were returned.

No staff responded to the electronic 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?

The last care inspection of the agency was undertaken on 8 December 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 8 December 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 23 (1) (2)(a)(b)(i)(ii)(3)(5) Stated: First time	Evaluating the quality of the services which the agency arranges to be provided. 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 – Arranges for the provision of good quality services for service users: Takes the views of service users and their representatives into account in deciding- What services to offer to them, and The manner in which such services are to be	Met

	<p>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>Action taken as confirmed during the inspection:</p> <p>The monthly quality monitoring reports were submitted to RQIA by the responsible individual on a monthly basis for review. The reports reviewed were deemed to be compliant with this regulation.</p>	
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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). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager 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 annually 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 within 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 Trusts 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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in accordance with the regulations. Information reviewed indicated that incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Safeguarding training updates for a small number of staff were overdue. This was discussed with the manager who advised that the staff would be booked on to the next available training date and if this was not attended, they would be removed from the rota until such training was completed.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was evidence of regular contact with service users and their representatives, in line with the commissioning HSC trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager also advised that the agency does not accept any packages of care where medication is required to be administered by syringe.

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 MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were currently 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, 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 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). Whilst none of the service users had been identified as having swallowing difficulties, the manager was advised that training in Dysphagia should be accessed for all staff. An area for improvement was identified in this regard.

It was positive to note, however, that staff had completed training in Basic Life Support and First Aid which included how to respond to choking incidents.

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 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.

The manager advised that there were no volunteers being supplied 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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff remain compliant with the requirements.

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 for the agency was reviewed and was satisfactory.

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 along with current certificates of public and employers' liability insurance.

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. In some circumstances, complaints can be made directly to the commissioning body about agencies. This was discussed with the manager. Advice was given in relation to updating the complaints policy about how such complaints are managed and recorded.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

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.

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified. Despite this, RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 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 Ms Annette Daly, manager, 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	
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed by: Immediately from the date of inspection and ongoing	<p>The registered person must ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This relates to ensuring that all training for staff is up to date and includes Dysphagia training.</p> <p>Ref: 5.2.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken: The Care worker Induction programme is the same as delivered for the Newry Branch. The Induction is designed to teach all new care and support staff about their role and to equip them with the knowledge and skills they will need to fulfil that role competently and confidently. The Induction is part of an ongoing process of learning and development and it has been designed to meet the requirements of the Care Standards.</p> <p>Dysphagia is covered during day 2 of the Induction as part of the medication training.</p> <p>The presentation for Dysphagia has been sent to the Inspector along with an email explaining the above.</p> <p>In relation to the Care Worker refresher training, during the inspection QCS had 6 staff who were working towards completing their refresher training. The branch are able to view which staff members are due to complete their mandatory training using our internal reporting systems. The branch currently have 2 staff members who are working through their refresher training, once complete will mean that the branch has 100% compliance for staff training.</p>

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