

Unannounced Care Inspection Report 25 March 2021



Quality Care Services Ltd

Type of Service: Domiciliary Care Agency
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Inspector: Corrie Visser

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 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.

3.0 Service details

Organisation/Registered Provider: Quality Care Services Ltd Responsible Individual: Miss Julie Elizabeth Hunter	Registered Manager: Mrs Samantha Bond (acting)
Person in charge at the time of inspection: Branch Manager	Date manager registered: Mrs Samantha Bond – acting – application not required

4.0 Inspection summary

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 date of the last care inspection on 14 September 2020, a number of correspondences were received in respect of the agency. RQIA was informed of a number of notifiable incidents which had occurred within the agency in accordance with regulations.

Having reviewed the agency's regulatory history, a decision was made to undertake an unannounced on-site inspection, adhering to Covid-19 social distancing guidance.

An unannounced inspection took place on 25 March 2021 from 11.00 to 16.20 hours.

We reviewed the dates that criminal records checks (AccessNI) for staff employed by the agency had been completed, this was to ensure that they were completed before staff engaged with service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to Covid-19 Guidance was also reviewed through discussion with a number of staff and service users. In addition, we reviewed Covid-19 related information, disseminated to staff and displayed throughout the agency.

The inspection also assessed progress with any areas for improvement identified during and since the last care inspection. The areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

Evidence of good practice was found in relation to recruitment of staff, staff registrations with NISCC, record keeping, compliance with regards to care planning and the monthly quality monitoring process. In addition good practice was found in relation to infection prevention and control (IPC); it was evidenced that all staff and service users had been adhering to the current Covid-19 guidance on the use of personal protective equipment (PPE).

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.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

4.2 Action/enforcement taken following the most recent care inspection dated 14 September 2020

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 14 September 2020.

5.0 How we inspect

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

Following our inspection we focused on speaking with the service users, service users' relatives, staff and health and social care (HSC) Trust representatives to find out their views on the service.

To ensure that the required pre-employment checks were in place before staff visited service users, we reviewed the following:

- recruitment records specifically relating to Access NI and NISCC registrations for staff

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

We discussed any complaints and incidents that had been received by the agency with the person in charge and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of services provided. This included an electronic survey for service users, relatives and staff, to feedback to the RQIA.

6.0 What people told us about this agency

The feedback received indicated that people were satisfied with the current care and support. During the inspection we spoke with the person in charge and it was confirmed that staff wore PPE as necessary.

We also spoke with three staff members and three service users who indicated that that they were very happy with the care and support provided by the agency. Feedback was also received from two HSC representatives. Comments are detailed below:

Staff

- “Everything is ok.”
- “I always stay that wee bit long with my service users.”
- “I love my job and my service users.”
- “I know my service users very well.”
- “I make sure my service users are 100% comfortable before I leave their house.”
- “Some carers don’t spend that quality time with service users, they are in and straight back out again.”
- “I find all the training is beneficial and it is good that it is done yearly as it makes you rethink things.”
- “I have a good relationship with my service users.”
- “I could do with more calls on my runs.”
- “There is an open door policy.”
- “Training is being done online, however I prefer face to face training but I know this can’t happen due to the pandemic.”
- “I’m happy in my job.”

Service users

- “I have no complaints about any of them.”
- “I call them my adopted daughters.”
- “I have not issues with call times.”
- “I am quite content.”
- “They are very very good.”
- “I am very happy with the care I get from the carers who come to my house.”
- “I need continuity of care and I am very fortunate to have a cohort of carers.”
- “The carers who come out are great, very professional and do a great job.”
- “They are very caring people.”

HSC representatives

- “I have found the level of communication from the Locality Coordinators to be of a very high standard. They maintain regular contact by telephone and email, and where possible, we have continued with joint visits within COVID guidelines. Their responses have been comprehensive and timely, when issues have arisen.”
- “The service has worked hard regarding service continuity, both throughout the Pandemic and most recently in areas affected by civil unrest across Belfast.”

- “The co-ordinators have worked in a collaborative manner to amend care packages to meet my service user’s needs and the care appears to have been delivered in a respectful and compassionate manner.”
- “Many of my service users are complex due to physical and mental health needs and the team have still managed to ensure a regular core team to meet their needs, develop rapport and ensure the care is provided in as safe an environment as possible.”

No responses were received from the electronic survey.

7.0 The inspection

Areas for improvement from the last care inspection dated 14 September 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: The agency now has a system in place regarding the monthly quality monitoring reports. The monthly quality monitoring reports were submitted to RQIA following this inspection and assurances were provided that the responsible individual has oversight of the quality of services being delivered, as well as the measures identified to improve the quality and delivery of services.	
Area for improvement 2 Ref: Regulation 13(c) and (d) and Schedule 3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: We reviewed three staff recruitment files and noted they were compliant with Regulation 13, Schedule 3 of The Domiciliary Agencies Care Regulations (Northern Ireland) 2007.	

<p>Area for improvement 3</p> <p>Ref: Regulation 15(2) (a), (b) and (c)</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Four service users' care plans were reviewed and we noted that they had been updated by the HSCT key worker. The agency is using a new digital system called "Access People Planner" and "Care Planner" which is monitored throughout the day. The system monitors and reports late calls and the monitoring officer follows this up with the care worker when required. There were no missed calls identified for any of the four service user records reviewed.</p>		
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: 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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>All care calls are now logged on the digital system and are completed for every call to service users. The care worker cannot complete the entry until every domain is filled in.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 5.6</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</p>	<p>Met</p>

<p>Stated: First time</p>	<p>with the service user, or where appropriate, his or her carer/representative.</p>	
<p>Area for improvement 3 Ref: Standard 5.7 Stated: First time</p>	<p>Action taken as confirmed during the inspection: All care calls are now logged on the digital system and are completed for every call to service users. The care worker cannot sign out of the entry until every domain is completed.</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> <p>Action taken as confirmed during the inspection: This service is now using a digital system and all care calls are logged at the end of the call and can be reviewed by the manager on the same day. The system is monitored throughout the day to ensure service users receive their package of care.</p>	<p>Met</p>

7.1 Inspection findings

An inspection of the agency completed on 14 September 2020 identified a number of areas of non-compliance within the agency. An enhanced feedback meeting was held with the provider to outline the concerns and to get assurances that the matters would be addressed.

Information was also received from the BHSCT on 12 January 2021 regarding similar concerns relating to the lack of governance and oversight of the delivery of care, insufficient staffing levels, poor reporting of incidents, not adhering to service users' call times and poor communication with all stakeholders. The BHSCT issued a Performance Notice on 4 February 2021. This notice was reviewed and monitored by the BHSCT and improvements were noted during a follow up monitoring visit by on 10 March 2021. The Performance Notice was extended with a further monitoring visit planned for 6 May 2021.

Recruitment

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards before staff members commence employment and provide care to service users. This ensures that the staff employed are appropriate to have direct engagement with service users.

A review of the records confirmed that all staff provided by the agency are currently registered with NISCC. We noted that there was a system in place for monitoring staff registrations each month. The person in charge advised that staff are not permitted to work if their professional registration lapses.

Covid-19

We spoke to the person in charge 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 agency 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 achieve the best outcomes for service users, 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.

Governance and Management Arrangements

An enhanced feedback meeting was convened following the previous inspection on 14 September 2020 due to concerns identified regarding the lack of governance and oversight by the responsible individual. At a meeting on 20 October 2020 assurances were provided that the monthly quality monitoring reports would be reviewed by the responsible individual; RQIA requested that these reports be forwarded by the agency. The monthly quality monitoring reports were submitted to RQIA as requested; however there was no evidence that the responsible individual was reviewing the quality of service delivery within this agency. This

was discussed with the regional director and the regional manager and we requested that the monthly quality monitoring reports are reviewed and signed by the responsible individual.

We were provided with information from the BHSCT in relation to the agency not reporting adult safeguarding concerns in a timely manner. The Trust had a number of meetings with the provider and issued a Performance Notice on 4 February 2021; the Trust requested that the agency provide a detailed action plan. Further review by the Trust in March 2021 identified that improvements had been made within the agency in; however the Performance Notice was extended to gain assurances that measures taken to address the identified matters of concern were embedded into practices within the agency.

It was noted that since the last inspection the regional manager who completes the quality monitoring reports had adhered to the advice and guidance provided by RQIA and created a more robust analysis of the agency which included engagement with service users, service user's relatives, staff and BHSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff training and staffing arrangements.

We identified that there is a process for recording complaints in accordance with the agency's policy and procedures. On the day of the inspection we noted that complaints received had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring processes.

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 confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the agency.

Discussion with the person in charge and staff indicated that there was a clear pathway for staff to follow in relation to reporting and referring any safeguarding concerns.

Staff who spoke to us demonstrated that they had a clear understanding of the actions to be taken with regards to reporting matters relating to allegations of abuse. Staff demonstrated that they had a good understanding of the process with regards to whistleblowing and raising concerns.

Discussion with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for individualised, person centred interventions which facilitate effective engagement with service users and promote communication and social engagement.

Areas of good practice

Evidence of good practice was found in relation to staff recruitment, staff registrations with NISCC, the monthly quality monitoring reports, service users' care plans and recording and reporting. Good practice was found in relation to IPC; all staff and service users had been adhering to the current Covid-19 guidance on the use of PPE.

Areas for improvement

No areas for improvement were identified at this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

8.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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