

# Unannounced Care Inspection Report

## 17 February 2020



## Moyle Community Services

**Type of Service: Domiciliary Care Agency**

**Address: 1st Floor, Inver, Gloucester Avenue, Larne, BT40 1RP**

**Tel No: 028 2826 6145**

**Inspector: Corrie Visser**

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Assurance, Challenge and Improvement in Health and Social Care

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

Moyle Community Services is a domiciliary care agency which provides personal care and housing support to 151 individuals with physical disability, mental health and learning disability as well as providing care to older people living within the Northern Health and Social care Trust (NHSCT). Service users are supported by 77 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual(s):</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Mrs Helen Thompson
<b>Person in charge at the time of inspection:</b> Mrs Helen Thompson	<b>Date manager registered:</b> 16 October 2018

### 4.0 Inspection summary

An unannounced inspection took place on 17 February 2020 from 12.30 to 13.30 hours.

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.

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.

There were no areas of improvement identified throughout this inspection.

Evidence of good practice was found in relation to staff recruitment, reporting and recording, AccessNI and staff registration with the Northern Ireland Social Care Council (NISCC).

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>	0	0

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

Enforcement action did not result from the findings of this inspection.

### 4.2 Action/enforcement taken following the most recent care inspection dated 2 January 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 January 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 by RQIA since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with HC professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff visited service users.

- Recruitment records specifically relating to Access NI and NISCC registration.

A poster was provided for staff detailing how they could complete an electronic questionnaire on their views of the service. No responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives; three responses were returned; analysis and comments are included within the report.

During the inspection the inspector communicated with three service users, three staff and five service users' relatives and the feedback is included within the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

## 6.0 The inspection

Areas for improvement from the last care/finance inspection dated 2 January 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 13 (c) (d)  <b>Stated:</b> First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless – <ul style="list-style-type: none"> <li>• He is physically and mentally fit for the purposes of the work which he is to perform; and</li> <li>• Full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed three files for recently recruited staff members and it was evident that the agency was compliant with Regulation 13.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time	<b>Recording and reporting</b>  This area for improvement relates specifically to correction methods and use of coloured ink pens which is not in keeping with policy and procedures set down by the Trust and professional regulatory bodies.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed four service users' care records and found evidence that the agency was compliant. All entries were written in black ink and legible.	

## 6.1 Inspection findings

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department. Discussion with the deputy manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to AccessNI. The inspector reviewed three recently recruited staff members' files and found evidence that all pre-employment checks were

completed prior to a start date being issued. The manager received electronic confirmation from the human resources department to advise that everything was satisfactory. The inspector reviewed the agency's matrix to monitor staff registration with NISCC and confirmed that the 77 staff were currently registered with NISCC as required. The inspector noted that the manager had a system in place each month for monitoring registration status of staff and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service users' comments included:

- "Very pleased with them."
- "Very happy with the care I am getting."
- "They respect everything."
- "No complaints at all."
- "Another girl took over my call which I am happy about."
- "I am getting good care."

Relatives comments included:

- "Happy with the standard of care."
- "I have never had a problem."
- "They promote his independence."
- "Good level of care."
- "The girls are very caring and compassionate."
- "She is content and happy with everyone that comes out."
- "There was one issue but it was resolved."
- "The girls are respectful and all seem concerned about her."
- "They get on well with her."
- "Good quality of care."
- "Gives us peace of mind."
- "Very caring."

Staff members' comments included:

- "I am more than happy in my job."
- "I can phone my line manager if I have any concerns about my service users."
- "There's a lot of training throughout the year."
- "It's better learning new things than going in blind."
- "There is a good amount of training."
- "I can ring my line manager at any time and it's sorted straight away."
- "The management are very approachable."
- "The rota can be heavy."
- "If a call takes longer then I report this to my line manager."
- "Travel time is not taken into consideration."
- "The caring is there but we don't always have time to sit and have a chat with the service users who can be isolated."

Three service users/relatives questionnaires were returned. One respondent indicated they were very satisfied that the care being provided is safe, effective and compassionate. Another respondent indicated they were satisfied that the care being provided is safe, effective and compassionate and two respondents were satisfied that the care is well led. The inspector contacted one respondent due to their indication of being unsatisfied and very unsatisfied with

the aspects of care. After conversation with the service user and since their care worker was changed, they indicated that they were satisfied that the care being delivered was safe, effective and well led and very satisfied that the care was compassionate.

### Areas of good practice

There was evidence of good practice in relation to the completion of checks with AccessNI in conjunction with the human resources department and staff registrations with NISCC.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

## 7.0 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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