

Inspection Report

Name of Service: Rathcoole Fieldwork Office

Provider: Northern HSC Trust

Date of Inspection: 22 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Northern HSC Trust
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Ms Hazel Rice
Service Profile: Rathcoole Fieldwork Office is a Northern Health and Social Care Trust (NHSCT) domiciliary care agency, which provides personal care, practical and social support to 168 service users living in their own homes. Service users are supported by 68 staff.	

2.0 Inspection summary

An unannounced inspection took place on 23 January 2025, from 10.00 to 5.15 p.m. by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required in relation to the effectiveness and oversight of certain aspects of the agency setting's governance and management, such as recruitment practices, records management, staff training and the need for smaller daily notes booklets to be developed.

RQIA was also concerned regarding gaps in the out of hours' rota for Home Care Officers (HCOs). Whilst assurances were provided that immediate action had been taken to address a part of this matter, an area for improvement has been identified to ensure this matter is fully addressed.

Service users and their representatives generally spoke positively regarding the care and support. Refer to Section 3.2 for more details.

Full details of the areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, we reviewed information held by RQIA about this agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those in receipt of care provided by the agency staff and those working for the agency. We also review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Through actively listening to service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users and their representatives. A number spoke in positive terms about the Home Care Workers (HCWs). Comments included that the HCWs were 'very good' and that they were 'very happy' with them. One service user's relative praised the HCWs for their 'great attitude' and gave an example of how they ensured their relative's dignity during personal care.

Questionnaire responses indicated that the service users were very satisfied in relation to all aspects of care delivery. Respondents described the HCWs as being 'fantastic' 'caring' and 'chatty' and a 'credit' to the Trust.

We spoke with a number of staff who raised concerns regarding the lack of out of hours cover at certain times of the day. This is further discussed in section 3.3.1.

3.3 Inspection findings

3.3.1 Staffing arrangements

The agency has a number of different staff roles. The Domiciliary Care Locality Support Manager's (DCLSM) role is divided between Rathcoole Resource Office and two other registered domiciliary care agencies. The Home Care Workers (HCWs) deliver the care to service users in their own homes. The Allocation Officers' (AOs) role includes managing the Health Care Workers (HCWs) rotas and covering any short notice absences. The Home Care Officers' (HCO) role includes line management responsibilities for the HCWs and they also coordinate many aspects of the service users' care and care records. It was good to note that the HCO's and the AOs worked collaboratively together to ensure that the service users received their calls when there were any HCW absences.

HCOs also had responsibility for 'out of hours'; this included being contactable at specific hours during the week and also at weekends. However, it was identified that there were specific gaps in the out of hours cover period. For example, there was an hour and a half in the mornings and an hour in the evening, when the HCWs were unable to contact the HCOs/AOs to report any issues. Following the inspection, this matter was discussed with Rathcoole's Head of Service, who explained that there was a senior manager on-call, in the event that the HCWs needed to report instances where they were unable to gain access to a service user's home. Whilst this enabled the senior manager to follow the Failure to Gain Access protocol, there were limitations to what the senior manager could act upon in such circumstances.

The gap in the out of hours' rota also lead to a 90-minute delay in reporting matters such as sickness/travel disruption that could potentially impact on the service users getting their calls on time. Following the inspection, assurances were provided by the Trust that an escalation plan had been put in place to ensure that all HCWs can report issues to a HCO who can take immediate action in response. An area for improvement has been identified.

A review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were generally completed and verified before staff members commenced employment and had direct engagement with service users. However, it was identified that AccessNI checks had not been undertaken consistently on staff who had transferred to Rathcoole Fieldwork Office by way of an internal staff transfer. An area for improvement has been identified.

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

The majority of training elements had been undertaken and it was positive to note that compliance with training is monitored as part of the governance and managerial systems (accountability meetings). However, the mandatory training did not include specific elements such as Stoma care and Diabetes awareness. Given that a number of the service users may require assistance with their Stoma care, it is important that staff have training in this regard. Additionally, whilst the healthcare workers were not required to administer any insulin or check service users' blood levels, it is important that they have an awareness of how service users may present in regards to their Diabetes. An area for improvement has been identified.

3.3.2 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Care plans were in place to direct staff on how to meet the service users' needs. The majority of risk assessments and care plans were in date and there was a service user spreadsheet (the A-Z) which the manager used to track renewal dates for the relevant documents. The manager explained that the recent introduction of a new electronic management system (Encompass) should enable them to access/request service users' updated documents more effectively.

It was identified that the care plans had not been consistently signed by the service users or their representatives and that Trust representatives had signed, in lieu of the service users. The manager was advised to monitor this practice, to ensure that this does not become custom and practice.

There was a procedure in place for the collection of completed daily notes from service users' homes; the HCOs collect the notes every three months and return them to the registered office. Review of records identified that the daily notes were not being returned on a regular basis and it was evident that the timeframe of when notes were returned, ranged between 3 and 12 months. This impacted on the HCO's ability to audit the records in a timely manner. Review of the daily notes also identified a number of calls that were shorter than the commissioned time. An area for improvement has been identified.

Advice was given in relation to developing a smaller booklet for daily notes for use in smaller packages of care. An area for improvement has been identified.

There was a system in place to record when care records had been retrieved from service users' homes, when the service users care package ceased. Advice was given in relation to adding in addition columns to the spreadsheet, to record the actions taken, when records were not retrieved.

3.3.3 Quality of Management Systems

Ms Hazel Rice has been the acting manager since 13 October 2023; she is also the acting of two other registered domiciliary care agencies. Staff commented positively about the manager and described the positive working relationship they had.

There were monthly quality monitoring arrangements in place in keeping with the Regulations. Review of the monthly quality monitoring reports established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of individual service user care records; accident/incidents; complaints; safeguarding matters; staff recruitment and training, and staffing arrangements.

The inspector advised that the monitoring officer who undertakes the visits, use the information available on the service users and staff A-Z to provide a higher level overview of compliance in most regards, within the monthly monitoring reports. For instance, where individual care/staff records had been reviewed as part of the quality monitoring visits, there would be more value in the monitoring officer commenting on the overall compliance levels, rather than commenting on a small number of records.

Additionally, information pertaining to renewal due dates for a number of risk assessments and care plans were available on the service users A-Z spreadsheet. Staff compliance information was also similarly available on a staff A-Z spreadsheet.

The annual quality report had been completed; advice was given in relation to retaining the feedback received from service users/staff pertaining to Rathcoole. This will be reviewed at a future inspection.

Review of records identified that complaints had been managed appropriately; advice was given regarding the layout of the complaints process within the Service User Agreement. This related to the manager's contact details being given more prominence within the complaints section. The manager welcomed the advice and agreed to raise this matter as the Service User Agreement is used across all home care agencies within the Trust.

Discussion with the manager and a review of records identified that all incidents had been managed appropriately.

Whilst any missed calls/service failures had been recorded, it was identified that these had not been consistently categorised accurately, in terms of the name of the agency. This meant that it was difficult to ascertain which missed calls had occurred in Rathcoole Fieldwork Office and those that had occurred in the other registered domiciliary care agencies, managed by the same manager. Once highlighted, the manager welcomed this advice and agreed to address this matter, with all staff who have responsibility for recording incidents. This will be followed up at future inspection.

RQIA is aware that the Trust senior management team are in the process of developing the Service Disruption Procedures, to ensure that the required data in respect of missed calls is recorded and available for inspection; this will be followed up, as appropriate, at a future inspection.

Whilst there had been no Notifiable Incidents reported to RQIA, the manager was aware of the type of incidents which are required to be notified to RQIA.

The Northern Ireland Social Care Council (NISCC) register was checked on a monthly basis, to ensure that all staff remained registered.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Hazel Rice, 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 Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 16 (1)(a) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that gaps in the out of hours cover arrangements are addressed with immediate effect; and ensure that all HCWs are aware of the escalation plan for immediately reporting instances where they fail to gain access to service users' homes; and any matters that may impact upon their ability to attend a call; the out of hours' system must be capable of reacting to any matters that arise and must not constitute a message receiving service until business opening hours. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered manager will ensure all Home Care Workers are aware of escalation plan for immediate reporting. Contacting the 'Senior on Call' outside of the Out of Hours service and until business opening hours. This will ensure there is no gap.
Area for improvement 2 Ref: Regulation 13 (d) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that AccessNI checks are undertaken on all staff regardless of whether or not they commenced employment via internal Trust transfer arrangements. Ref: 3.3.1
	Response by registered person detailing the actions taken: Human Resources has been contacted. Going forward all staff who require an Access NI check for the job role within the Homecare Service will have an Access NI check completed prior to commencing post, including an up to date Access NI check if recruited through internal transfer.
Area for improvement 3 Ref: Regulation 21 (1)(c) Stated: First time To be completed by:	The registered person shall develop and implement a system to ensure that records are retrieved from the service users' homes in keeping with the agency's policy and procedure, to ensure that they are subject to timely audit. Ref: 3.3.2

<p>Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has a system in place to record date range of service user held record books collected, date service user record audit completed and when audit is next due flags up as in date or overdue.</p> <p>The registered manager will closely monitor this spreadsheet and reinforce with staff the importance of planning timely visits to ensure they meet their quarterly audits and keeping the system updated.</p> <p>The area manager will review and report on any decline or progress regarding the service user held record collection and record audits outstanding within the monthly quality monitoring audits.</p> <p>The registered manager will continue to remind staff to follow the SOP regarding timely collection of service user held records as soon as a package of care is ceased. In all circumstances where it has been impossible to collect service user records, an incident report (DATIX) will be completed.</p>
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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: Immediate from the date of the inspection	The registered person shall ensure that the Induction process is further developed to ensure that it includes awareness information pertaining to Stoma care; and Diabetes awareness. Ref: 3.3.1
	Response by registered person detailing the actions taken: Home Care Officers have been asked to complete Stoma training on Learn HSCNI. Stoma care training is currently provided to all Home Care Workers supporting Service Users with Stoma care, this will be added to the training register for all staff who have attended. At the start of March 2025, Stoma care training has been further developed for home care staff in partnership with senior management and the Trusts Stoma nurses and will be rolled out in the in the coming months. All training completed will be added to the Home Care Worker spread sheet. Diabetes awareness for home care staff is in the development stage.
Area for improvement 2 Ref: Standard 8.10 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that smaller booklets for daily notes are developed for use in smaller packages of care; this will enable more frequent auditing of these records. Ref: 3.3.2
	Response by registered person detailing the actions taken: The daily record notes are ordered through a printing company. Costings have been received for printing smaller books, approval for ordering to be confirmed. In the interim, retrieving records in line with audit process will not be delayed due to the amount of pages in a book, records will be retrieved before book completed in line with current audit process. The registered manager will monitor and address adherence to this with appropriate staff.

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