

# Inspection Report

21 September 2021



## Rathcoole Fieldwork Office

Type of Service: Domiciliary Care Agency  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Ms Jennifer Welsh	<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

## 2.0 Inspection summary

An unannounced inspection was undertaken on 21 September 2021 between 10.30am and 2.30pm by the care inspector.

This inspection focused on Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, Deprivation of Liberty safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

Areas for improvement were identified in relation to the monthly quality monitoring reports and staff training.

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.

## 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.

The inspection focused on:

- contacting the service users, their relatives, Health and Social Care Trust (HSCT) representatives and staff to obtain their views of the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

#### 4.0 What people told us about the service

We spoke with two service users, two service users' relatives and three staff members. No questionnaires were received.

In addition we attempted to receive feedback from HSCT representatives however no responses were received. Three staff responses were received via the electronic survey, however two were incomplete.

#### Comments received during inspection process-

##### Service users' comments:

- "I'm happy, everything is fine."
- "I couldn't fault them at all."
- "They go everything I need."

##### Service users' relatives' comments:

- "The carers are absolutely brilliant."
- "We appreciate the help."
- "xxxx thinks the world of her carers."
- "They are 100%."
- "The girls are fantastic."

##### Staff comments:

- "I find all the Homecare Officers are very dedicated to their job."
- "I am encouraged to do training and have completed my safeguarding training."
- "Support from management is 100%."
- "We have plenty of PPE and received all the guidance throughout the Covid-19 pandemic."
- "I am happy at my work and I love my job."
- "Supervision and spot checks are done regularly."

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Rathcoole Fieldwork Office was undertaken on 24 February 2020 by a care inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

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 manager stated that there were no service users who were subject to DoLS. Advice was given in relation to considering DoLS at each service users' care review and in relation service users, who are new to the agency.

The manager was advised to contact the relevant HSCT to advise that any DoLS practices were required to be in place before the next inspection. Discussion with the manager confirmed that none of the staff had undertaken DoLS' training. An area for improvement has been made in this regard.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### 5.2.2 Are their robust systems in place for staff 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' commenced employment and engaged with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### 5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager, staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that staff had completed training in relation to dysphagia and has made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

### 5.2.4 Are there robust governance processes in place?

The monthly monitoring arrangements were reviewed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The reports reviewed were not robust and did not provide a full analysis of the service. There were reports not available and one report was completed for a two month period. An area for improvement was made in this regard.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

## 6.0 Conclusion

Based on the inspection finding two areas for improvement were identified in relation to the monthly quality monitoring reports and staff training.

Despite this, RQIA were assured that the service was providing safe, effective and compassionate care. Details can be found in the Quality Improvement Plan included.

## 7.0 Quality Improvement Plan/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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Helen Thompson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection and ongoing	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranged to be provided.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Vacant Area Manager post from 31<sup>st</sup> May 2021. The May report was not available during the inspection. The remaining monitoring was carried out 8 weekly given the pressures on remaining managers covering elements of work of the vacant post. Post is now recruited to since September 21, Monthly Quality monitoring has formed part of the induction and robust monitoring will continue monthly.</p>
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	<p>The registered person shall ensure that all staff undertake training in relation to the Deprivation of Liberty Safeguards (DoLS'), as relevant to their roles and responsibilities.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Information packs are being disseminated to all Home Care Workers, will be completed by end November. Face to face level 2 training for Home Care Workers will be completed by end of this financial year, taking into account necessary covid restrictions in Trust facilities. Managers have completed the level 2 training and will have Level 3 training completed by January 22.</p>

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Authority

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