

# Inspection Report

27 January 2023



## 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 Health and Social Care Trust	<b>Registered Manager:</b> Mrs Helen Thompson
<b>Responsible Individual:</b> Ms Jennifer Welsh	<b>Date registered:</b> 18 October 2018
<b>Person in charge at the time of inspection:</b> Mrs Helen Thompson	
<b>Brief description of the accommodation/how the service operates:</b>  Rathcoole Fieldwork Office is a domiciliary care agency which provides personal care services to people living in their own homes. Service users have a range of needs including physical disability, dementia and learning disability. Care is provided to 146 service users by a team of 86 staff. Services are commissioned by the Belfast Health and Social Care Trust (BHSC) and the Northern Health and Social Care Trust (NHSCT).	

## 2.0 Inspection summary

An unannounced inspection took place on 27 January 2023 between 10.20 a.m. and 2.20 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), service user involvement, restrictive practices, Dysphagia management and Covid-19 guidance were also reviewed.

Areas for improvement identified related to the monthly quality monitoring reports, staff training and the update of care plans when service users' needs change.

Good practice was identified in relation to the management complaints and safeguarding referrals.

## 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 for staff.

#### **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 didn't know there was such a thing as carers, but I am very impressed and so grateful."
- "All of them are so caring, I can't believe it."
- "They know what to say to me and how to work with me. There is nothing they don't know."
- "I am very happy. They make a nice cup of tea."
- "I am on a level 6 diet and they go out of their way to make me my meals."

Service users' relatives' comments:

- "The girls are great. It is a great benefit for the both of us."
- "They come on time and they never miss a call."
- "Very pleasant."

##### **Staff comments:**

- "I love it. It's great."
- "Induction was beneficial and refresher training is good and needed."

- “I am aware of how to report safeguarding concerns and know the procedure for not gaining access to a service user’s home. I report it to the office and don’t leave until the service user is located.”
- “I treat my service users as if they are my own mum.”
- “I am aware of the requirements as a NISCC registrant. I keep my training up to date.”

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 21 September 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was partially validated during this inspection.

Areas for improvement from the last inspection on 21 September 2021		
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 23  <b>Stated:</b> First time	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranged to be provided.	Not met
	<b>Action taken as confirmed during the inspection:</b> We reviewed a sample of the monthly quality monitoring reports and it was noted that they were not robust and lacked detail. This area for improvement will be stated for the second time.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	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.	Met
	<b>Action taken as confirmed during the inspection:</b> From reviewing staff training, it was evidenced that DoLS training had been completed. A small number still required to	

	complete this training however dates had been booked for these remaining staff members.	
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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).

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 every two years thereafter. From reviewing the training records, a small number of staff required to complete this training. It was noted that 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 in 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.

From a further review of the training records, it was noted that a significant number of staff had outstanding training in relation to the administration of medication, back care/moving and handling, Dysphagia and how to respond to choking incidents, as well as safeguarding. An area for improvement has been identified in this regard.

The agency retained records of any referrals made to the HSC Trust 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 keeping with the regulations. Incidents had been managed appropriately.

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.

The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were 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. It was noted that care and support plans are kept under review and service users and/or their relatives participate, however it was noted that a care plan had not been updated following a Speech and Language Therapist assessment being completed. An area for improvement has been identified in this regard.

### **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). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that although some staff had completed training in Dysphagia and in relation to how to respond to choking incidents, a significant number had not completed this training. An area for improvement has been identified in this regard however has been subsumed into the area for improvement regarding training.

### **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 an appropriate 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.



There were no volunteers working 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 and structured corporate and departmental induction programme which also included shadowing of a more experienced staff member. The induction also included a week of Development and Planning sessions for newly appointed staff. 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 are compliant with the requirements.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

We reviewed a sample of the monthly quality monitoring reports which are designed to ensure that the service is providing a good quality of care and drive improvement. The reports should identify any deficits in staff records, service user records and provide an analysis of any patterns or trends contained within the information.

It was noted that the reports lacked sufficient detail in relation to the quality of the service being delivered. Whilst consultations had been undertaken with service users and staff, no feedback had been obtained from professionals. It was also noted that there was no action plan identified for improvements to be made by the service. The manager was directed to the exemplar template created by RQIA as a guide. An area for improvement has been identified in this regard.

The Annual Quality Report 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.

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.

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.

Where staff are unable to gain access to a service users home, there is a system in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner. It is essential that all staff (including management) are fully trained and competent in this area. Following discussions with the manager it was reported that there is a clear system in place including a policy and procedure which all staff are aware of and adhere to. The manager advised that all staff were aware of this system.

## 6.0 Quality Improvement Plan (QIP)/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 (revised) 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	1

\* the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the QIP were discussed with Mrs Helen Thompson, Registered 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23(2)(a)(b)(i)(ii)(4)(5)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 March 2023	<p>The registered person shall ensure the monthly quality monitoring reports are robust and provide a full analysis of the care being delivered, identify any key learning. Consultations should be undertaken with all stakeholders and actions plans should be created and reviewed every month.</p> <p>Ref: 5.1 and 5.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Monthly quality monitoring reports will be completed in line with requirements. Reports will be robust and will ensure that any learning is identified and action plans are developed as appropriate.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 15(3)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2023	<p>The registered person shall ensure that every service users' care plan is kept under review. This should be completed on an annual basis or if the service users' needs change.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person will ensure that timely requests are made to community named workers to review care plans on an annual basis or as care needs change. A record of these requests will be retained. With regards to SLT needs, all staff have been advised that an updated care plan must be received to reflect any changes.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.3 and 12.4  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2023	<p>The registered person shall ensure that every staff member has completed the mandatory training and training specific to their role as a care worker.</p> <p>Ref: 5.2.1 and 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>With the support of senior management, the registered manager will endeavour to secure training dates for the delivery of mandatory training and training specific to the role of Home Care Worker. The registered manager will regularly monitor and review team training needs.</p>

***\*Please ensure this document is completed in full and returned via Web Portal\****



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