Inspection Report

4 November 2021

Carrickfergus Community Services

Type of service: Domiciliary Care Agency
Address: Carrickfergus Health Centre, Taylors Avenue, Carrickfergus, BT38 7HL
Telephone number: 028 9331 5966

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:** Mrs Jennifer Welsh	**Registered Manager:** Mrs Helen Thompson **Date registered:** 16 October 2018
Person in charge at the time of inspection: Mrs Helen Thompson	
Brief description of the accommodation/how the service operates: Carrickfergus Community Services is a domiciliary care agency based at Carrickfergus Health Centre commissioned by the Northern Health and Social Care Trust (NHSCT). The agency provides a range of personal care services, meal provision and sitting services to people living in their own homes. Service users have a range of needs including dementia, mental health, learning disability and physical disability.	

2.0 Inspection summary

An unannounced inspection was undertaken on 4 November 2021 between 10.00am and 1.30pm 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.

One area for improvement has been re-stated in relation to recording and reporting.

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.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives and an electronic survey to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with two service users, one relative and two staff. In addition, feedback was received two HSCT representatives. No staff responses were received. One service user/relative questionnaire was received and the respondent was 'very satisfied' that the care being provided was safe, effective, compassionate and the service was well-led

Service users' comments

- "My carers are approachable, caring and compassionate."
- "I am very happy with the care that I am getting."
- "I am very happy with my carers."

Service users' representatives' comments:

- "Some staff aren't as engaging as others."

Staff comments

- "I enjoyed the training and found it very useful."
- "I have regular supervision with my line manager and I feel very supported."
- "I am satisfied with the level of management supervision."

HSCT representatives' comments:

- "Communication between the Social Worker staff and Home Care staff is excellent."
- "There is good partnership working."

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 Carrickfergus Community Services was undertaken on 13 November 2020 by the care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and will be validated during this inspection.

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 13 November 2020</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for Improvement 1

Ref: Standard 5.6 and 5.7

Stated: Second time</td><td>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.

This relates to the daily logs being returned in a timely way so that they can be audited and any deficits identified and act upon immediately.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
It was confirmed that the daily logs are being returned to the office in a timely way and audits were being undertaken.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 5.2

Stated: First time</td><td>All activities undertaken in relation to the service user’s care plan are recorded and relevant information communicated to the appropriate people. 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.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
We reviewed the daily logs for three service users and noted that there were deficits in all three including unrecorded or inaccurate times of calls and incorrect dates being recorded. It was discussed with the manager that daily logs are legal documents and need to be completed in accordance with the regulations</td></tr>
</table>

	and standards. This area for improvement has been stated for the second time.	
Area for improvement 3 **Ref**: Standard 4.1 **Stated:** Second time	The registered person shall ensure that each service user and, if appropriate his or her carer/representative is provided with a written individual service agreement before the commencement of the service. If it is not possible to provide this agreement before the commencement of the service, it is provided within five working days of such commencement. This relates to the service user agreement being in every service users' file, signed and includes the date the service commenced.	**Met**
	Action taken as confirmed during the inspection: A sample of service users files reviewed confirmed that every service user agreement was available and signed and dated with the date the service commenced.	

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).

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.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the NHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that one adult safeguarding referral had been made since the last inspection. It was noted that the referral had been managed in accordance with the agency's policy and procedures.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

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 confirmed and provided evidence that training is being offered to all staff and gave assurances that all staff would be trained by the next inspection. Training records will be reviewed at the next inspection.

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 had 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?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that one complaint had been received since the last inspection and was ongoing. It was noted that all complaints had been managed in accordance with the agency's policy and procedures and to the satisfaction of the complainants.

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 findings, one area for improvement has been re-stated in relation to recording and reporting. Despite this, RQIA were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

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 Minimum Standards, 2011.

	Regulations	Standards
Total number of Areas for Improvement	0	1*

* one area for improvement in relation to the standards has been re-stated for the second time.

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.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

Area for improvement 1 **Ref:** Standard 5.2 **Stated:** Second time **To be completed by:** Immediately from the date of inspection and ongoing	All activities undertaken in relation to the service user's care plan are recorded and relevant information communicated to the appropriate people. 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. Ref: 5.1
	Response by registered person detailing the actions taken: Thorough audits to be completed in a timely manner. Recording - to be an agenda item at all individual supervisions and team meetings. Managers to demonstrate good recording skills. Capability proceedures to support staff in improving perfomance will be implemented as required. Following any extra guidence and support under capabulity, Disciplinary proceedure will be implimented with staff who are continually failing in record management.

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

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