

Inspection Report

11 June 2021



Jackie's Domiciliary Care

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

Organisation/Registered Provider: Guardian Day Care and Residential Care	Registered Manager: Mrs Jacqueline Ryan
Responsible Individual: Mrs Jacqueline Ryan	Date manager registered: 8 June 2009
Person in charge at the time of inspection: Mrs Jacqueline Ryan	
Brief description of the accommodation/how the service operates: Jackie's Domiciliary Care is a domiciliary care agency which provides care to people living in the Coalisland, Dungannon and Cookstown areas. The agency provides a range of personal care services to 60 people living in their own homes. Services are commissioned by the Northern Health and Social Care Trust (NHSCT) and the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 11 June 2021 between 10.00 am and 12.30 pm 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.

Progress with any areas for improvement identified during and since the last inspection were reviewed. An area for improvement was made in relation to staff training.

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

The information provided by service users indicated that there were no concerns in relation to the agency. All confirmed that they were satisfied with the standard of the care and support provided. Comments received are detailed below:

Service users

- "I am happy enough."
- "I am very appreciative of what they do. They will do everything I ask and I have a good relationship with them. They are like members of the family."

Service users' relatives

- "The girls are very good, I couldn't do without them. They have never disappointed us."
- "They are doing alright. They do what they are meant to do."
- "They always come on time."

Staff

- "As a new start at Jackie's Domiciliary Care I've felt welcomed from day 1 and I would highly recommend the service to anybody"
- "I'm very happy working and I have very good support in the job I am working in."

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 of the agency was undertaken on 2 April 2019 Year by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 2 April 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.10 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.	Met
	This relates specifically to the auditing of daily log records, in light of poor record keeping standards and in relation to calls being shorter than planned. Action taken as confirmed during the inspection: Inspector confirmed that a care records auditing system was in place.	

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.

5.2.4 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 user's relatives, staff and HSCT' representatives. The reports evidenced analysis of matters arising, learning and actions taken as appropriate. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

It was noted that complaints were managed as part of the agency's monthly quality monitoring processes. However, the review of the complaints records, identified that training that ought to have been completed, following receipt of a complaint had not been undertaken as agreed with the HSCT. This was discussed with the manager, who agreed to action this immediately. Following the inspection, RQIA received confirmation by email on 18 June 2021, that all outstanding matters had been addressed.

The manager confirmed that the agency had not received any specific recommendations from the Speech and Language Therapist (SALT) in relation to service users Dysphagia needs to ensure the care received in the setting was safe and effective.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's).

Review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

6.0 Conclusion

Based on the inspection finding one area for improvement was identified in relation to 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 Minimum Standards, 2011.

	Regulations	Standards
Total number of Areas for Improvement	0	1

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

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 12.4 Stated: 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. Ref: 5.2.1
To be completed by: 11 August 2021	Response by registered person detailing the actions taken: DoLS' training has been completed and this is now incorporated into the induction training for all new staff

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