

Inspection Report

15 November 2022



Jackie's Domiciliary Care

Type of Service: Domiciliary Care Agency
Address: 28 Moor Road, Coalisland, Tyrone, BT71 6HF

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www.rqia.org.uk

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 15 November 2022 between 9 a.m. and 1.30 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 and Dysphagia management.

Areas for improvement identified related to the records of staff training in the use of specialist equipment.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

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 Trust.

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.

4.0 What did people tell us about the service?

As part of the inspection process 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' relatives/representatives' comments:

- "We are happy enough. They are doing a great job. They show up on time and do what they have to do."
- "(My relative) is happy. All is fine as far as we are concerned."
- "I am happy, we couldn't do without them. We really appreciate them."
- "I am happy enough, nothing to complain about."

One relative discussed a particular matter. With the relative's consent it was agreed that the matter would be relayed to the manager for review and action as appropriate.

Staff comments:

- "I have no concerns."

There were no responses to the questionnaires or 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 11 June 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 11 June 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed by: 11 August 2021	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
	Action taken as confirmed during the inspection: A review of records confirmed that all staff had undertaken training in relation to DoLS.	

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 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.

The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Staff were required to complete adult safeguarding training during induction.

No concerns had been raised to the manager under the whistleblowing policy.

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.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, the staff were shown how to use the equipment by other experienced care workers. However, there were no records available to evidence this training. Additionally the policy on and the content of moving and handling training required to be further developed to ensure the use of specialist equipment is included. An area for improvement was identified in this regard.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

The manager advised that there were no service users requiring the use of more than one piece of specialised equipment.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. 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 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. DoLS information was available for staff to reference.

5.2.2 What are the arrangements ensuring the service users are getting the right care at the right time?

The service users' care plans contained details about the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. The inspector was advised that the agency is rarely invited to Trust-led reviews. However, there was evidence that the agency undertook their own reviews, to which the service users' relatives were invited as appropriate.

The review of records identified that calls were delivered in keeping with the care plan.

Review of records confirmed that the agency had requested reviews with the Trust in response to changes in the service users' needs.

There was a system in place for reporting any instance where staff were unable to gain access to a service user's home. Communications had been issued to staff which clearly directs them as to what actions they should take to manage and report such situations.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager advised that none of the service users required their food and fluids to be modified to a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia/swallow awareness,

A resource folder was available for staff to reference. Additional resources were shared with the manager, to ensure that up to date learning matters were available for staff.

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 criminal record checks (AccessNI), were completed 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 a system in place for professional registrations to be monitored by the manager.

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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. It was good to note that the NISCC Induction Standards were also included in the staff supervisions which were undertaken on a regular basis.

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

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives.

The reports included details of service user reviews; accident/incidents; missed and late calls; and safeguarding matters.

The agency's registration certificate was up to date and displayed appropriately along with evidence of public and employers' liability insurance.

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 who agreed to update the complaints policy with regards to how such complaints will be managed and recorded.

The manager advised that no complaints had been made to the Northern Ireland Public Services Ombudsman (NIPSO) about the agency.

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.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	0	1

The areas for improvement and details of the QIP were discussed with the 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 (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the system for recording the dates of training provided in a service user's own home is more robust; this includes the need for the policy on and content of moving and handling training to include the specific types of hoists staff are trained in; records of such training must be retained.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: The Policy and Procedure has been reviewed on moving and handling and this reflects the specific types of hoists staff are trained in, records of the training have been retained following the inspection to include dates of training provided and this has also been included in the induction of new staff.</p>

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