

# Inspection Report

13 December 2023



## Jaz Care Ltd

Type of service: Domiciliary Care Agency  
Address: 28 Moor Road, Coalisland, BT71 6HF  
Telephone number: 028 8774 7254

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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> Jaz Care Ltd	<b>Registered Manager:</b> Mrs Jacqueline Ryan
<b>Responsible Individual:</b> Mrs Jacqueline Ryan	<b>Date manager registered:</b> 8 June 2009
<b>Person in charge at the time of inspection:</b> Mrs Jacqueline Ryan	
<b>Brief description of how the service operates:</b>  Jaz Care Ltd is a domiciliary care agency based in Coalisland. The agency provides a range of personal care services to people living in their own homes. Jaz Care Ltd currently provides care to 100 service users. 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 13 December 2023 between 2.00 p.m. and 5.00 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. and Covid-19 guidance was also reviewed.

One area for improvement was identified in relation to the development of a written care plan to meet the identified needs of service users.

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?

During the inspection we spoke with a number of relatives and staff members.

The information provided indicated that, in the main, relatives and staff were satisfied with the care and support provided. One relative discussed an identified issue which was discussed with the manager for consideration and follow up as required.

Comments received included:

#### **Service users' relatives'/representatives' comments:**

- "Very pleasant girls and good interaction with my father. They are all very kind. We have no issues"
- "The service is good. I have no complaints. So far, so good"

#### **Staff comments:**

- "This is a good place to work. I have no concerns"
- "I've been working here a long time. I really enjoy my work"
- "It is very busy but the work is rewarding"

No service user questionnaires were returned to RQIA.

Seven staff responded to the electronic survey. The respondents indicated that they were either satisfied or very satisfied that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “Great company to work for. I would highly recommend”.

## 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 14 November 2022 by a care inspector. This was approved by the care inspector and was validated during this inspection.

<b>Areas for improvement from the last inspection on 14 November 2022</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.7  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement had been met.	

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

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. 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.

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.

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, this was included within the agency's mandatory training programme. A review of records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency before care delivery commenced and the agency had requested this training from the HSC Trust.

A review of care records identified that moving and handling risk assessments and care plans were in place. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the moving and handling risk assessment.

It was observed that the care plan in place for one service user was not consistent with the Trust care plan and did not specify how the service user's needs are to be met. Discussion with the manager evidenced that the service developed a basic "core" care plan which was put in place while awaiting the Trust care plan. It was confirmed that care was delivered in accordance with the Trust care plan and no additional/updated care plan was developed by the

agency. Review of the Trust care plan evidenced that while it specified the care and services to be provided, it was not comprehensive in terms of how specific needs and preferences are to be met. An area for improvement has been identified.

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.

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 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 Mental Capacity Act (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. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' 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 agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also

implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

#### **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 a 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, structured induction programme which also included shadowing of a more experienced staff member.

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.

#### **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 a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs).

The agency's registration certificate was up to date and displayed appropriately along with current certificates 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.

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.

There was a procedure in place to enable staff to access service users' accommodation in the event of an emergency.

## 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 Regulations (Northern Ireland) 2007.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

The area for improvement and details of the QIP were discussed with Mrs Jacqueline Ryan, Responsible Individual, 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that a written care plan is prepared which shall -</p> <ul style="list-style-type: none"> <li>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust;</li> <li>(b) specify the service user's needs in respect of which prescribed services are to be provided;</li> <li>(c) specify how those needs are to be met by the provision of prescribed services.</li> </ul> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A written care plan is now in place which is consistent with any plan for the care of Service Users prepared by any health and social care trust, this care plan is specific to any Service Users needs for prescribed services to be provided and how those needs are to be met.</p>

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



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