

Inspection Report

13 May 2024



Link Community 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: Link Community Care Ltd	Registered Manager: Mrs. Beverley Ann Loney
Responsible Individual: Mr. Henry (Harry) George Loney	Date registered: 10 March 2014
Person in charge at the time of inspection: Mrs. Beverley Ann Loney	
Brief description of the accommodation/how the service operates: Link Community Care is a domiciliary care agency which provides a range of personal care and support to service users living in their own home. Services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 13 May 2024 between 10.00 a.m. and 2.00p.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 was also reviewed.

Areas for improvement identified related to ensuring all records specified in Schedule 4 are available at all times in the agency; and ensuring updated Speech and Language Therapist (SALT) recommendations were filed promptly.

Good practice was identified in relation to service user involvement.

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 staff survey.

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 am very happy with everything that is being provided."
- "Yes, everyone is grand and I haven't had any issues."
- "I have no complaints about the carers, they treat me with respect."
- "All the carers are excellent"

Service users' relatives' comments:

- "I couldn't praise them enough."
- "This morning we had a great girl who takes an interest in what we do."
- "They are so very kind."
- "The girls are great, they have personality."

Staff comments:

- "I feel supported by management."
- "I would have no hesitation in reporting any behaviour which was not appropriate."
- "The online training is good and we can do more if we request it."
- "I am really enjoying my work."

HSC Trust representatives' comments:

- “I have no issues with Link CC, and I have a number of clients with support packages.”
- “I find the office team know their client base well, I feel any queries I have our dealt with in a timely manner and if there are service issues that arise they are proactive in trying to address them.”
- “I find them to be very responsive and proactive when contacted with any concerns. They are both very willing to work to resolve issues and respond in a timely.”
- “I have found that Link try to be flexible and work together with care management to find a solution that meets the client’s needs whilst supporting their care staff.”

Returned questionnaire indicated that the respondent was very satisfied with the care and support provided. Written comments included:

- “So very happy.”

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 25 September 2023 by a care inspector. One area for improvement was identified.

Areas for improvement from the last inspection on 25 September 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 21.1 (c) Stated: First time To be completed by:	21— (1) The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority. This regulation refers to documents not available for inspection as specified above.	Not met

Immediate and ongoing from the inspection date.	Action taken as confirmed during the inspection: Monthly monitoring reports were not available on the premises during the inspection. This area for improvement will be restated.	
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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. 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. Discussion with the manager 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 up to date.

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 and through discussions with service users, 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 services 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 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 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 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.

The inspector noted that updated SALT recommendations for one service user had not been included in the service user's office file. The manager was able to confirm that these updates would have been sent to the service users home. An area for improvement has been made.

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. The inspector advised that when telephone or email references are obtained confirmation and evidence of times, dates and office staff signatures must be obtained and retained with all references. This matter will be reviewed at future inspections. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; 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, three-day induction programme which also included shadowing of a more experienced staff member. 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.

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

During the inspection the inspector was unable to see monthly monitoring reports; the manager explained these were held on another laptop not on the premises. As this matter had been an area for improvement at the last inspection the inspector advised it would be restated. Subsequent to the inspection reports were emailed to the inspector. 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.

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

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.

The Statement of Purpose and Service User Guide required updating with RQIA's contact details, this was completed on the day of inspection.

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.

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.

	Regulations	Standards
Total number of Areas for Improvement	2	0

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

Areas for improvement and details of the QIP were discussed with Mrs Beverley Ann Loney, 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	
Area for improvement 1 Ref: Regulation 21.1(c) Stated: Second time To be completed by:	<p>21— (1) The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>This regulation refers to documents not available for inspection as specified above.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager will ensure all documents are shared via the enternal network to ensure all persons have access and they are made available from the office.</p>
Area for improvement 2 Ref: Regulation 15 (2) (a) Stated: First time To be completed by: Immediate and ongoing.	<p>The registered person shall prepare a written plan consistent with any plan prepared by a Health and Social Care Trust.</p> <p>This refers to ensuring reviewed SALT recommendations are immediately filed in service user records.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>SALT recommendations are now found in a compiled file withing the office and also in the service user's file for easy access.</p>

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



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