

Inspection Report

25 September 2023



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: Care- Coordinator	
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 25 September 2023 between 09.15 a.m. and 11.00 a.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. The reporting and recording of accidents and incidents, complaints, whistleblowing, service user involvement, Dols and dysphagia.

One area for improvement was identified relating to record access: Regulation 21.1 (c).

Good practice was identified in relation to client involvement, staff recruitment, induction and training.

We noted some of the compliments received by the agency from various sources:

- "Thanks to you all and the link team."
- "We appreciate everything you do for our relative."
- "Thanks for supplying us with great girls."
- "Nothing is too much trouble."
- "Thanks for your kindness and consideration."

The inspector would like to thank the staff and service users for their help and cooperation during the inspection it was much appreciated.

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, staff or the commissioning trusts.

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 staff and service users on how they could provide feedback on the quality of services. This included an electronic staff survey and questionnaires.

4.0 What did people tell us about the service?

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

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Staff comments:

- "I had a good comprehensive induction and shadowed other staff."
- "One of the best companies to work for."
- "I have good supervision and office staff support."
- "I have regular clients that I know well."
- "All my training is up to date."
- "The company treat you well."
- "Good person centred care."
- "I'm registered with NISCC as a care worker."

Service user comments:

- "Great staff."
- "They are always on time."
- "They treat me very well."

- “We have a great wee team who work well together.”
- “I would recommend Link to others.”
- “No problems or issues.”
- “I have no complaints.”
- “The staff provide good quality care.”
- “They have a great way with them.”
- “Good communication with me and my relative.”
- “The office staff are helpful and always friendly.”

No staff or service users responded to the questionnaires or the electronic staff survey prior to the issue of this report.

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 2 December 2022 by a care inspector. One area for improvement was identified: This was reviewed during this inspection and the area has been met.

Areas for improvement from the last inspection on 2 December 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that staff are trained for their roles and responsibilities. Ref: 5.2.3	Met
	Action taken as confirmed during the inspection: Documentation reviewed was satisfactory and meets the required standard.	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

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 are managed appropriately when required.

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. We reviewed a number of individual staffs training records that were satisfactory.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

It was positive to note that service users were supported to exercise choice and control in regard to decision making and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in place supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

5.2.2 What are the arrangements for promoting service user involvement?

Services users are regularly asked to assess the quality of staff provision as part of the agencies own quality management spot checks.

We noted some of the comments received:

- "I enjoy all carers calling and have a chat with them."
- "The staff do a great job."
- "Good communication."
- "Staff go over and above."

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

No service users were assessed by SALT or required modified diets, a review of training records confirmed that staff had completed training on Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness training was also completed by staff during First-Aid training.

5.2.4 What systems are in place for staff recruitment and are they robust?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members are supplied for direct engagement with service users. Records reviewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored weekly by the manager. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

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. 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. The records included the names and signatures of those attending the training event, the date(s) of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

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.

The alphabetical list of staff employed by the agency was up to date as was the service user list.

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. When complaints are received these are appropriately managed and are reviewed as part of the agency’s quality monitoring process.

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

There was a protocol in place for reporting any instances where staff are unable to gain access to a service user’s home. In addition to written direction, it is essential that all staff (including management) are fully trained and competent in this area.

One area for improvement has been issued relating to Regulation 21.1 (c)

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 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area 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 Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 21.1 (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the inspection date.</p>	<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>Response by registered person detailing the actions taken:</p> <p>The registered manager Beverley Loney will ensure all documents listed in Schedule 4 are available in her absence, either by preparing a file containing most up to date documents or by emailing them to the persons responsible in her absence in order that they are available for any unannounced inspection.</p>



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