

Inspection Report

19 October 2021



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 April 2015
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 based in Lisburn which provides a range of personal care services, social support and sitting services to 80 people living in their own homes within the greater Lisburn area. Their service users are mostly older people and those with physical disabilities, learning disabilities and mental health care needs and a small number of children. The South Eastern Health and Social Care Trust (SEHSCT) commission their services.	

2.0 Inspection summary

An unannounced inspection was undertaken on 19 October 2021 between 10.40am and 12.30pm by the care inspector.

This inspection focused on staff recruitment and the agency's governance and management arrangements, as well as staffs' registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, Deprivation of Liberty Safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to governance and management oversight systems in place. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

Two areas for improvement were identified in relation to staff recruitment and training of staff.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

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, 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.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives and an electronic survey to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with one service user and four members of staff. In addition, feedback was received from service users/relatives in the four questionnaires returned to RQIA and 14 staff responded to the electronic survey, one, however, was incomplete.

Service users' comments:

- "Service is very good."

Service users' relatives' comments:

- "xxxx's (service user) carers in the morning to date have been excellent. Evening call all very pleasant. Time keeping very good. We would highly recommend Link Community for good management."

Staff comments

- "The manager and office staff are an amazing bunch, they are so helpful and caring and always there when you need."
- "Excellent service and communication by all."
- "Great place to work and great leaders. Service users are lovely and always come first."
- "All good, love working here."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 3 May 2018 by a care inspector and no areas for improvement identified. An inspection was not undertaken in the 2019-2020 and 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

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).

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.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 has a system for retaining a record of referrals made to the SEHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that one adult safeguarding referral had been made since the last inspection. It was noted that the referral had been managed in accordance with the agency's policy and procedures.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

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. The manager agreed that this training will be offered to all staff and will be in place for the next inspection. 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.

5.2.2 Are their robust systems in place for staff recruitment?

Three staff recruitment files were reviewed and it was noted that they were not compliant with Regulation 3, Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was noted that there were gaps in employment in one recruitment file and no evidence of any discussion of this prior to or during the interview process. It was further noted that a reference for one staff member was undated and unsigned and a further reference was obtained from the staff member's family member. An area for improvement has been identified in this regard.

A review of the records confirmed that all staff provided were 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

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

There was evidence that staff had completed training in relation to dysphagia and this training was being incorporated into the induction for staff.

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 included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection. It was noted that previous complaints had been managed in accordance with the agency's policy and procedures and to the satisfaction of the complainant.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings, two areas for improvement were identified in relation to the recruitment of staff and staff training. Despite this, RQIA were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

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 Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards, 2011.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan 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 13(d) Stated: First time To be completed by: Immediately from the date of inspection and ongoing.	The registered person shall ensure that no domiciliary care worker is supplied to the agency unless full and satisfactory information is available to him in respect of each of the matters specified in Schedule 3. Ref: 5.2.2 Response by registered person detailing the actions taken: ALL CARERS SUPPLIED BY THE AGENCY WILL ALL DOCUMENTS REQUIRED ARE SOUGHT, SIGNED AND IN PLACE PRIOR TO OBTAINING A ROTA.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed by: Immediately from the date of inspection and ongoing.	The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. This refers to DoLS training for all staff. Ref: 5.2.1 Response by registered person detailing the actions taken: ALL NEW CARERS WILL BE ASKED TO COMPLETE DoLS TRAINING DURING THEIR INDUCTION. EXISTING STAFF WILL COMPLETE THE TRAINING IMMEDIATELY.

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