

Inspection Report

28 September 2021



Peacehaven Care Services Ltd, Domiciliary Care Agency

Type of service: Domiciliary Care Agency
Address: 65 Leitrim Road, Hilltown, BT34 5XS
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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: Peacehaven Care Services Ltd	Registered Manager: Miss Mary Helen O'Hanlon
Responsible Individual: Miss Mary Helen O'Hanlon	Date registered: 22 June 2009
Person in charge at the time of inspection: Miss Mary Helen O'Hanlon	
Brief description of the accommodation/how the service operates: Peacehaven Care Services Ltd, Domiciliary Care Agency is based in Milltown which provides a range of personal care, social support and sitting services to 51 people living in their own homes. Service users have a range of needs including physical disability, learning disability, older people over 65 years and mental health care needs. Their services are commissioned by the Southern Health and Social Care Trust (SHSCT). Service users are supported by 30 staff which includes the manager and assistant manager.	

2.0 Inspection summary

An announced inspection was undertaken by the care inspector and Chief Executive Officer on 28 September 2021 between 2.10pm and 5.10pm.

RQIA received information/intelligence which raised concerns in relation to care/support and management of the agency.

We spoke to relatives and SHSCT representatives on 28 September 2021 and feedback received did not substantiate the concerns raised in relation to care/support and management at the agency.

This inspection focused on staff recruitment processes, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing. We also reviewed Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment processes and appropriate checks being undertaken before staff were supplied to service users' homes. There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the registered individual 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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifications, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on 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. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with the relatives of two service users and two staff. Following the inspection we made telephone communication with two service users.

No questionnaires or electronic feedback were received prior to the issue of the report.

Comments received during inspection process-

Service users' comments

- "I can't say anything bad about them."
- "The girls call on time."
- "I would recommend the staff to anybody."
- "They take their Personal Protection Equipment (PPE) off and put in a bag and into the bin."
- "If I had any complaints I would phone the office."

Relatives' comments:

- "We get the care we are supposed to from Peacehaven."

- “The staff call seven days of the week as arranged by Trust.”
- “My XXXX is never left in wet incontinent pads.”
- “The district nurse stated my XXXX’s skin is in excellent condition.”

Staff comments:

- “We done DoLS training.”
- “We done training on Covid-19.”
- “We don’t have staff that don’t pull their weight.”
- “If we are running late we phone the office.”
- “I couldn’t imagine working anywhere else.”
- “I have no concerns about other staff.”

5.0 The inspection

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

The last inspection to Peacehaven Care Services Ltd, Domiciliary Care Agency was undertaken on 1 December 2020 by a care inspector; no areas for improvement were identified.

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 reflected information contained within the Department of Health’s (DoH) regional policy Adult Safeguarding Prevention and Protection in Partnership, July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC) and the agency had not prepared an Adult Safeguarding Position report. This can be reviewed at the next inspection.

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. Staff could describe the process for reporting concerns, including outside of normal business hours.

It was noted that staff were required to complete classroom based adult safeguarding training during their induction programme and two yearly 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 had a system for retaining a record of referrals made to the relevant HSCT in relation to adult safeguarding. The manager stated that no adult safeguarding referrals had been made since the last inspection.

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.

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.

Staff had undertaken DoLS Level Two training appropriate to their job roles. However, it was established during discussions with the manager that they could not provide evidence that the manager had completed DoLS higher level training. The manager forwarded evidence of their completed higher level DoLS training within an agreed timeframe. Review of the information received was found to be satisfactory.

The manager told us that none of the service users were subject to DoLS at this time.

Where a service user is experiencing a restrictive practice, examination of these care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate SHSCT representative.

Staff demonstrated that they had an 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.

The manager confirmed that the agency does not manage individual service users' monies.

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 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 the SALT in relation to service users Dysphagia needs.

It was positive to note that all staff had completed Dysphagia training.

5.2.3 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

5.2.4 Are their robust systems in place for staff recruitment?

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

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were 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.

The manager stated that the agency does not use volunteers or voluntary workers.

5.2.5 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 was noted to include engagement with service users, service users' relatives, staff and SHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that matters identified had been actioned.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that the agency had received a number of complaints since the last inspection. Records viewed and discussions with the manager evidenced that the complaints were dealt with in accordance with the agency's policy and procedure.

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 and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Mary Helen O'Hanlon, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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