

# Inspection Report

7 February 2022



## The Firs Homecare Services

Type of Service: Domiciliary Care Agency  
Address: The Firs Homecare Services,  
16 Fair Green, Church Street, Ballygawley BT70 2LJ  
Tel No: 028 8556 7048

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> The Firs Services ( Ireland ) Limited	<b>Registered Manager:</b> Mrs Pauline Gormley
<b>Responsible Individual:</b> Mrs Pauline Gormley	<b>Date registered:</b> 11 June 2009
<b>Person in charge at the time of inspection:</b> Mrs Pauline Gormley	
<b>Brief description of the accommodation/how the service operates:</b>  The Firs Homecare Services is a domiciliary care agency in the village of Ballygawley. The service is provided to six service users in their own homes by seven staff. Service users have health care needs due to old age, mental health care needs and/or learning disabilities. Staff provide help with personal care, practical assistance and sitting services to meet the individual needs of the service users. The Southern Health and Social Care Trust (SHSCT) commission the care provided.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 February 2022, from 10 a.m. to 12 p.m. by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoLS), restrictive practices and monthly quality monitoring.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users' homes. There were good governance and management oversight systems in place.

An area for improvement was identified in relation to staff training. However, this had been addressed before the Quality Improvement Plan was issued.

### 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 guidance, 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 and written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with NISCC and the NMC were monitored by the agency.

During the inspection, we discussed any complaints that had been received and incidents that had occurred with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives, to request feedback on the quality of service provided. This included questionnaires and an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

Due to the small size of the agency, we were only able to speak with one service user's relative. The following comment was received:

- "I am very happy. The girl is more like a friend to us at this stage."

One questionnaire was returned. The responses provided indicated that they felt very satisfied that the care was safe, effective and compassionate and that the service was well led. No written comments were provided.

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 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 inspection to The Firs was undertaken on 23 July 2018 inspector; no areas for improvement were 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). The annual safeguarding position report had been developed in keeping with the regional policy and procedures.

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. Review of incidents identified that they had been referred appropriately. Staff had been provided with training in relation to adult and children's safeguarding.

Training was available for staff, appropriate to the requirements of their role. This included training on DoLS. With the exception of two staff, the records viewed evidenced that staff had undertaken the required level of training. Following the inspection, the manager confirmed to RQIA that the identified staff had since completed the training. We were satisfied that this area for improvement had been addressed before the Quality Improvement Plan was issued.

The manager demonstrated that they have 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 and senior staff had undertaken a higher level of DoLS training.

The manager confirmed the agency does not manage individual monies belonging to the service users. There were no service users who were subject to DoLS.

There was a system in place to ensure that all service users received their calls in keeping with the care plan; a system was also in place to record and report any missed calls.

### **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 advised that there were no service users who required assistance with eating and drinking due to having swallowing difficulties.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Review of records identified that this was included in the induction programme for staff. The need for staff to undertake training in relation to Dysphagia was discussed with the manager. Discussion also took place regarding the staff needing to undertake training in relation to service users' risk of choking, given that this element was not evident in the First Aid training. The manager was signposted to a choke awareness DVD which can be sourced from the SHSCT. The manager also confirmed to RQIA by email on 14 February 2022 that all staff had undertaken two training modules in relation to dysphagia awareness.

Given that there was evidence that the manager had proactively provided staff with literature regarding swallow awareness, RQIA was satisfied that the area for improvement had been addressed before the Quality Improvement Plan was issued.

### **5.2.3 Are their robust systems in place for staff recruitment?**

A review of staff recruitment records confirmed that the required pre-employment checks had been undertaken before staff members commenced employment and had direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC and the NMC. 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.

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

### **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 and staff. Whilst the monthly monitoring reports were noted to include oversight of accident/incidents, safeguarding matters, complaints and service user feedback, the manager was signposted to a more comprehensive template which is available on the RQIA website.

There is a process for recording complaints in accordance with the agency's policy and procedures. The manager advised that there had been no complaints received since the date of the last inspection.

The manager advised that no staff had raised any concerns under the whistleblowing policy and procedures.

The manager was aware of which incidents required to be notified to RQIA. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

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.

## **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Pauline Gormley, manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care