

Inspection Report

8 August 2023



Cookstown Community Services

Type of Service: Domiciliary Care Agency
**Address: Home Care Department, Westlands Residential
Home, 1st Floor, Westlands Road South,
Cookstown, BT80 8BX**

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern HSC Trust	Registered Manager: Mrs Claire Appolonia O'Hare
Responsible Individual: Mrs Jennifer Welsh	Date registered: 18 August 2009
Person in charge at the time of inspection: Mrs Claire Appolonia O'Hare	
Brief description of the accommodation/how the service operates: Cookstown Community Services is a Northern Health and Social Care Trust (NHSCT) domiciliary care agency. The staff team of 119 provides care and social support to 218 service users in the Cookstown locality.	

2.0 Inspection summary

An unannounced inspection took place on 8 August 2023 between 9.30 a.m. and 1.20 p.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.

An area for improvement relating to the care plans was stated for the second time.

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 survey.

4.0 What did people tell us about the service?

As part of the inspection process we spoke with a number of service users' relatives who spoke positively in relation to the care and support provided. Comments included:

Service users' Relatives' comments:

- "They are a good bunch of girls and they do what they are meant to do. They are very friendly."
- "Happy enough. (My relative) was changed from a single run to a double run for operational reasons and this has been a bit unsettling. They are definitely very good and very respectful. My (relative) thinks the world of (names of carers) and couldn't speak highly enough of them."

One relative spoken with described two carers who called back to the service users' home on their way home from work, just to check on them, as the service user had fallen earlier in the day. This is commended.

Positive comments had been received as part of the annual quality survey. Some comments included:

- "The girls are helpful and enjoy a bit of craic."
- "They are very obliging and trustworthy."
- "The teams don't only make me a priority, they also involve my Mum and others in decisions about me."
- "Everyone comes to our home are so helpful, friendly, compassionate and caring. We are treated with respect and dignity. We enjoy a lovely relationship with our carers."

We also viewed similar praiseworthy comments in the Compliments records. Some comments included:

- "The homecare workers are excellent."

- “The carers would go the extra mile.”
- “The carers are ‘top of the pops’, couldn’t get any better.”

A number of staff responded to the electronic survey. The respondents indicated that they were either ‘very satisfied’ or ‘satisfied’ that care provided was safe, effective and compassionate and that the service was well led. No written comments were received.

No questionnaires were returned within the timeframe for inclusion within the 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 18 January 2023 by a care inspector. No areas for improvement were identified. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 18 January 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23 (1) Stated: First time	The registered person shall ensure that quality monitoring visits are undertaken on a monthly basis.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 15 (2) (a)(b)(c) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that care plans are up to date and reflective of any risk assessments; this relates particularly to instances where service users use more than one piece of specialist moving and handling equipment; and in relation to any service user who requires a modified diet.	Partially met
	Action taken as confirmed during the inspection: Whilst there was evidence that the care plans referenced the moving and handling risk assessments; advice was given in relation to the care plan needing to specify the date the risk assessment was undertaken.	

	In addition, the care plans neither referenced the SALT assessments or the dates they were undertaken. This area for improvement was not met and has been stated for the second time.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 9.1 Stated: First time	The registered person shall ensure that the moving and handling policy and training content are reviewed to ensure that they are explicit in relation to when staff should not use any specialist moving and handling equipment. Action taken as confirmed during the inspection: We were satisfied that this was being sufficiently progressed.	Met

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).

The manager was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. Review of records confirmed that any potential safeguarding matter was reported appropriately.

Staff completed adult safeguarding training during induction and every two years thereafter.

No concerns had been raised to the manager under the whistleblowing policy.

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.

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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. Where a service user was experiencing a deprivation of liberty, this was included within the care plan.

5.2.2 What are the arrangements for ensuring service users get the right care at the right time?

The service users' care plans contained details about the type of care and support they may require.

Since the last inspection a new system of recording care delivery had been implemented. The manager advised that the daily recording sheets are collected every three months or more frequently if required. Whilst there was evidence that the returned sheets were audited, there were instances where notes were not returned to the office in a timely manner. This related specifically to service users who perhaps only had one or two calls per day; this meant that it would take an inordinate amount of time for the daily notes booklet to be used up. This matter was discussed with the manager, who agreed to take this matter under consideration.

RQIA is aware that due to recruitment difficulties, the agency had made the decision to temporarily step down a number of packages of care. This was to ensure that the carers could meet the needs of the service users.

There was a protocol in place for reporting any instances where staff are unable to gain access to a service user's home. Discussion took place regarding the need for cancelled calls to be recorded. This means that the agency would record centrally, any calls that had been cancelled by the agency; and those that had been cancelled by the service users/relatives. Implementing a system to record such cancelled calls, will enable audits to be undertaken, where any required action taken thereafter. The manager welcomed this advice and agreed to consider this further.

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.

As discussed in section 5.1, the review of care records identified that the care plans did not accurately reflect the most recent SALT assessments. In one care record, there was no evidence the care plan had been reviewed after the SALT assessment had been completed. This was concerning given that the staff prepared the service user's meals and the SALT assessment indicated that the service user's meals needed to be cut up. A second care plan was also noted to not reference the SALT care plan. The area for improvement previously identified has been stated for the second time.

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, completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

There was a system in place for professional registrations to be monitored by the manager.

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.

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?

There were quality monitoring arrangements in place to ensure compliance with the Regulations and Standards. The reports included details of service user reviews; accident/incidents; missed and late calls; complaints and safeguarding matters. It was noted that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. However, the sample size consulted with was not representative of the size of the agency. Advice had previously been given in this regard.

It was also confirmed that the newly implemented monitoring report template includes a section which will review the areas for improvements identified in the RQIA QIP.

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.

The Annual Quality Report was in the progress.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately.

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	1*	0

* the area for improvement includes one that has been stated for a second time

The areas for improvement and details of the QIP were discussed with Mrs Claire O'Hare, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2) (a)(b)(c)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that care plans are up to date and reflective of any risk assessments; this relates particularly to instances where service users use more than one piece of specialist moving and handling equipment; and in relation to any service user who requires a modified diet.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken:</p> <p>This area for improvement has been raised with senior management. Communication has been shared with referring agencies/teams to stipulate the need for service users care plans to be up to date and reflective of individual specific risk assessments.</p>

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