

# Inspection Report

25 January 2022



## Cookstown Community Services

**Type of Service: Domiciliary Care Agency**  
**Address: Home Care Department, Westlands Residential  
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Cookstown, BT80 8BX**

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Northern HSC Trust	<b>Registered Manager:</b> Mrs Claire Appolonia O'Hare
<b>Responsible Individual:</b> Mrs Jennifer Welsh (Acting)	<b>Date registered:</b> 18 August 2009
<b>Person in charge at the time of inspection:</b> Mrs Claire Appolonia O'Hare	
<b>Brief description of the accommodation/how the service operates:</b>  This is a domiciliary care agency which provides a range of personal care services to people living in their own homes. These service users are mostly older people but services are also provided to those with physical disabilities, learning disabilities, mental health care needs and children with disabilities. Service users are supported by 109 staff.	

## 2.0 Inspection summary

An unannounced inspection took place on 25 January 2022, from 9 a.m. to 11.30 a.m. by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoL's) including money and valuables, 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 user's homes. There were good governance and management oversight systems in place.

## 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 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 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

We spoke with a number of service users and relatives. The following comments were received:

##### Service users' comments:

- "Of course, they are very good and they are extremely good to me."
- "I find them fine."
- "The girls have always been fantastic to me and they will always have a conversation with whoever is here. I have no problems."

##### Relatives' comments:

- "I have no concerns, we are very happy with them. They do what they are meant to do and rarely would let you down."
- "I am happy, they are great girls and they are very good to (name of service user). They are doing an excellent job."
- "We are happy enough with them, no complaints whatsoever."
- "We couldn't be happier. They are like an extended family to us, we really are so pleased with them. We are more than happy, they are so patient and so caring."
- "I have absolutely no concerns, they are great. They take a lot of pressure off the rest of the family and they are very good at wearing their masks and gloves."

Relatives and services users returned questionnaires, indicating that they felt very satisfied in relation to safe, effective and compassionate care and that the service was well led. Written comments included:

- "Everything is perfect. The girls (provide a) first class service. Family are very grateful of the help and good care."
- "My night time call has been suspended. This has had a negative effect on both physical and mental health. No idea if and when it restarts."

These comments were relayed to the manager, for review and action. The manager advised that a number of services had been suspended due to the Covid-19 restrictions and due to staffing shortages. The manager agreed to contact those affected to update them on progress in this regard.

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 Cookstown Community Services was undertaken on 25 February 2020 by a care inspector; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection year, 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. Review of incidents identified that they had been referred appropriately. One safeguarding matter was noted to be still ongoing. Staff had been provided with training in relation to Adult and Children's safeguarding. A small number of staff were overdue their training updates in relation to adult safeguarding. Confirmation was received by email on 8 February 2022, indicating that the staff had watched a training DVD in respect of adult safeguarding. We were satisfied that this area for improvement had been addressed before the issuing of the report.

Training was available for staff, appropriate to the requirements of their role. This included DoLS training. We evidenced a number of planned dates for staff to undertake formal training in DoLS. Written information on DoLS had been provided to staff whilst they awaited completion of the formal online training. We were satisfied that this was being progressed.

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 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 identified a number of service users who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Review of the records identified that the SALT risk assessments were in place. The manager advised that a copy of the risk assessments were held in each service user's home record, as appropriate.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). The review of the records confirmed that a number of staff had completed Dysphagia training prior to August 2018 and therefore would require their training to be updated. A small number of staff were also due to undertake training on service users' risk of choking. Confirmation was received by email on 8 February 2022, indicating that the choke risk training had since been undertaken and the outstanding Dysphagia training had been booked. We were satisfied that this area for improvement had been addressed before the issuing of the report.

### 5.2.3 Are there robust systems in place for staff recruitment?

Staff recruitment was completed in conjunction with the Business Services Organisation (BSO). The manager had received confirmation that the required pre-employment checks had been undertaken before staff members commenced employment and had direct engagement with service users.

A review of the records confirmed that all staff provided are 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.

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, staff and Northern Health and Social Care Trust (NHSCT) 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 complaints received since the last inspection had been managed in accordance with the policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

It was good to note that where staff had raised any concerns under the Whistleblowing procedures, these were taken seriously and responded to appropriately.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The agency developed learning alerts in response to any incidents which occurred. This is good practice.

The manager was aware of which incidents required to be notified to RQIA. It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's) Significant Event Analysis's (SEA's) or Early Alert's (EA's).

**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.

**6.0 Quality Improvement Plan/Areas for Improvement**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

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



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