

# Inspection Report

11 July 2023



## Magherafelt Community Services

**Type of Service: Domiciliary Care Agency**

**Address: Thompson House, Mid-Ulster Hospital Site, 59  
Hospital Road, Magherafelt, BT45 5EX**

**Tel No: 028 7936 6983**

[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> Ms Jennifer Welsh	<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>  Magherafelt 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 Magherafelt locality.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 July 2023 between 10.45 a.m. and 2 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 was identified relating to the quality monitoring processes. An area for improvement relating to the care plans was also stated for the second time.

Service users and relatives spoken with spoke positively about the care and support provided.

## 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 second to none. They are so attentive and go at (the service user's) speed. They let us know if we need to know anything. They even bring her a cup of tea up to the bedroom before she gets up. The level of confidentiality is unreal and they always present clean and tidy."
- "We are happy, no concerns at all."
- "We have absolutely no concerns. They are fantastic and they bring happiness into the home. They are brilliant, brilliant girls and Mum would often look at the clock and say that it's almost time for my 'girls' to come."

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

- "Respectful staff, very clean and tidy. I couldn't stay at home without them to help me."
- "I would love to have the homecare team provide all my care calls. My morning and bedtime calls are provided by (Name of other agency)."
- "There are so many things that are great about my homecare service; each of the carers are local to my community so I know most of them and their parents. Also because carers are different every day, morning and evening, there are fresh conversations about."
- "My Mum has fairly severe dementia. All the girls deal with her in a friendly way. They understand her condition and act appropriately."

We also viewed similar praiseworthy comments in the Compliments records. Of particular note were the comments made by relatives of service users who were deceased. These comments reflected how the carers went 'above and beyond what was expected' and that the staff had made a service user feel 'valued, special and loved'.

Another described the carers as being constants in the service user's life. It was good to note that these comments had been shared with the individual carers.

No responses were received 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 the last inspection?

The last care inspection of the agency was undertaken on 30 December 2022 by a care inspector. 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 30 December 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23 (1)  <b>Stated:</b> First time	The registered person shall ensure that quality monitoring visits are undertaken on a monthly basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 15 (2) (a)(b)(c)  <b>Stated:</b> First time	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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records identified that this area for improvement was not met. This area for improvement has been stated for the second time.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 9.1  <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We were satisfied that this was being sufficiently progressed.	

## 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. There was evidence that the returned sheets were audited on a regular basis, as part of the quality assurance processes.

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.

### **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 some records the incorrect SALT assessment was referenced within the care plan. One care plan included the required information; however, the risk assessment referenced was not in the service users' care record. There was also one SALT assessment which required to be converted to the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology. 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 and has been reiterated during this inspection.

Furthermore, advice was reiterated for the need for the person designated the responsibility of undertaking the visits, to review the training matrix, as opposed to reviewing a small number of records. This would ensure a higher level overview of compliance in a number of areas. It was also noted that the section of the monthly monitoring report which detailed the areas for improvements identified in the RQIA QIP, did not include all the areas for improvement which had been identified. An area for improvement has been identified.

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. Advice was reiterated in relation to the need for the report to include feedback from staff and HSCT professionals.

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 and The Domiciliary Care Agencies Minimum Standards (revised) 2021 [

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	1

\* the total number of areas for improvement includes one that has been stated for a second time

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2) (a)(b)(c)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate from the date of the inspection	<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 and 5.2.3</p>
	<b>Response by registered person detailing the actions taken:</b> <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>
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.11  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	<p>The registered person shall ensure that the monthly quality monitoring visits, include review of all areas for improvement identified in any RQIA QIP.</p> <p>Ref: 5.2.6</p>
	<b>Response by registered person detailing the actions taken:</b> <p>The monthly quality monitoring visit proforma has been updated and includes a review of all areas for improvement of the current RQIA QIP.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**







The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA