

Inspection Report

11 March 2022



Rathmourne Domiciliary Care Agency

Type of service: Domiciliary Care Agency
Address: 20 Downpatrick Street, Rathfriland, BT34 5DG
Telephone number: 028 4063 1943

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

| | |
|--|--|
| Organisation/Registered Provider: Rathmourne Domiciliary Care Agency | Registered Responsible individual: Miss Caroline Anne Cunningham |
| Responsible Individual: Mrs Margaret Mary Cunningham | Date registered: 4 September 2009 |
| Person in charge at the time of inspection: Mrs Margaret Mary Cunningham | |
| Brief description of the accommodation/how the service operates: Rathmourne is a domiciliary care agency based in Rathfriland which provides personal care, social support and sitting services to people in their own homes. A team of 51 care staff are currently providing services to 141 service users. Service users have a range of needs associated with learning disability, physical disability, dementia and mental health conditions. The majority of the services are commissioned by the Southern Health and Social Care Trust (SHSCT) and South Eastern Health and Social Care Trust (SEHSCT). | |

2.0 Inspection summary

An unannounced care inspection was undertaken on 11 March 2022, between 9.23 a.m. and 3.10 p.m.

This inspection focused on staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

There were no new areas for improvement identified during this inspection. One area for improvement is carried forward for review at the next inspection.

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. 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 agency 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 and Quality Improvement Plan (QIP) and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, Health and Social Care Trust's (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 and staff to request feedback on the quality of service provided. This included an electronic survey to enable staff, relatives and service users to feedback to the RQIA. Five service users/relatives' responses were received and the respondents were very satisfied that care was safe, effective, compassionate and well led. No staff responses to the electronic survey were received within the timescale requested.

Three areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for two and one carried forward to the next inspection for review.

The findings of the inspection were provided to the responsible individual at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users, relatives, staff and HSCT representatives indicated that there were no concerns in relation to the agency. We spoke with three service users, two relatives, three staff and three HSCT representatives following the inspection. The following is a sample of comments made:

Comments from service users' included:

- "The girls are very kind to me and I am well looked after."
- "First class service."
- "I am happy with all; you couldn't get a better service anywhere."
- "The carers never miss a call and are always here when they are supposed to be."
- "I am amazed at the great service and the wonderful girls that look after me."
- "The girls are very pleasant and always greet me when they come in."

- “I have a book, in the house, with the agency’s number if I need to ring them.”

Comments from service users’ representatives included:

- “Staff present as very dedicated and are always respectful.”
- “I very much appreciate the high standard of service.”
- “The ladies are very accommodating and supportive to my parents.”
- “My husband is very pleased with the care and so am I.”
- “The carers would do anything for my husband.”
- “The carers are particular about washing their hands and wear their PPE.”

Comments from staff included:

- “Good communication; all changes in care are reported and the care plans are updated.”
- “I have lots of Personal Protective Equipment (PPE) available to me.”
- “All care plans are available in the client’s home.”
- “I always stay the allocated time and write up the service user’s notes.”
- “Very good training provided and we have regular training. The training provided is relevant to our role.”
- “On call arrangements are very good.”
- “The care provided is person centred.”

Comments from HSCT representatives:

- “I am happy with the service delivery.”
- “I undertake monitoring reviews on behalf of the Trust and discuss matters such as service delivery and care and support. Views from service users are positive in relation to the agency.”
- “In my opinion this is a good agency and they endeavour to cover all packages offered.”
- “Service users provide positive comments about the agency and staff.”
- “The agency maintains very good lines of communication and they are very good at alerting us to any changes.”

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 Rathmourne Domiciliary Care Agency was undertaken on 3 November 2020 by a care inspector; three areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

| Areas for improvement from the last inspection on 3 November 2020 | | |
|---|--|---|
| Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 22 (8) Stated: First time | The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record. | Carried forward to the next inspection |
| | Action taken as confirmed during the inspection: Discussion with the responsible individual confirmed that no complaints were received since the date of the last inspection. A template for recording complaints had been developed. This area for improvement has been carried forward for review at the next inspection | |
| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011 | | Validation of compliance |
| Area for Improvement 1 Ref: Standard 8.10 Stated: Second time | The registered person shall ensure that working practices are systematically audited to ensure that they are consistent with the agency's documented policies and procedures. This refers specifically to the auditing of daily logs returned from service users' homes, to ensure that any missed entries are followed up and to ensure that deficits in record keeping are followed up with individual staff members, as appropriate. | Met |
| | Action taken as confirmed during the inspection: A review of the returned quality improvement plan and a sample of daily log audits, and discussion with the responsible individual, confirmed that this area for improvement had been addressed. | |
| Area for improvement 2 Ref: Standard 5.2 and 5.6 | The record maintained in the service user's home details (where applicable) the date and arrival and departure times of every visit by agency staff. All records are legible, accurate, up to date and signed and dated by the | Met |

| | | |
|---------------------------|---|--|
| Stated: First time | <p>person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.</p> <p>This also included entries being written in black pen and both care workers are to sign the entry on a double call.</p> | |
| | <p>Action taken as confirmed during the inspection:</p> <p>A review of the returned quality improvement plan and three service users' daily logs, and discussion with the responsible individual, confirmed that this area for improvement had been addressed.</p> | |

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 responsible individual confirmed that 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). An Adult Safeguarding Champion Position Report had been completed.

Discussions with the responsible individual 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 out of hours arrangements. There had been no concerns raised to the responsible individual under the whistleblowing procedures.

The agency had a system for retaining a record of referrals made in relation to adult safeguarding. Records viewed and discussions with the responsible individual indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required 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. Staff could describe the process for reporting concerns outside of normal business hours.

The 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. The agency had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

A review of a sample of accident/incident records and discussion with the responsible individual evidenced that incident and accidents had been managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their roles. Discussion with staff confirmed that mandatory staff training was up to date; this included DoLS training.

The responsible individual demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The responsible individual told us that no service users met the criteria to have a DoLS process put in place at this time. The responsible individual stated that there were no restrictive practices in place at the time of the inspection.

The responsible individual confirmed the agency does not manage individual service users' monies or valuables.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff stated that they receive regular updates with regards to changes in guidance relating to Covid-19 and had access to PPE.

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 responsible individual confirmed that there were no service users with swallowing difficulties who required support from SALT regarding eating and drinking. The responsible individual was aware of the reporting procedures to SALT.

It was positive to note that staff had undertaken dysphagia awareness training.

5.2.3 Are there 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. Records viewed evidenced that criminal record checks (AccessNI) had been completed before staff commence direct engagement with service users.

A review of the records confirmed that all staff were appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the responsible individual.

Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

The responsible individual 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. The reports included details of accident/incident, safeguarding matters, complaints, staff recruitment and training, missed calls and NISCC registration. 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 identified matters had been addressed.

There was a process for recording complaints in accordance with the agency's policy and procedures. The review of records and discussion with the responsible individual confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Discussions with the responsible individual and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

It was established during discussions with the responsible individual 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 with service users, relatives, HSCT representatives and staff, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led.

There were no new areas for improvement identified during this inspection. One area for improvement is carried forward for review at the next inspection.

The inspector would like to thank the responsible individual, service users, relatives, HSCT representatives and staff for their support and co-operation throughout the inspection process.

6.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been carried forward for review at the next inspection 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 |

* One area for improvement carried forward for review at the next inspection.

One area for improvement and details of the Quality Improvement Plan were discussed with Mrs Margaret Cunningham, Responsible Individual, 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 | |
| Area for improvement 1 Ref: Regulation 22 (8) Stated: First time To be completed by: Immediate from the date of the inspection | The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record. Ref: 5.1 Response by registered person detailing the actions taken: The registered person has devised an updated template which details a record of each complaint, which includes details of the investigations made, the outcome and the actions taken in consequence and the requirements of regulation 21 (1) has applied to that record |

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



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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care