

# Inspection Report

## 21 October 2021



## North West Care

**Type of Service: Domiciliary Care Agency**  
**Address: 67 / 69 Main Street, Ballykelly, BT49 9HS**  
**Tel No: 028 7772 3514**

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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> North West Care	<b>Registered Manager:</b> Mrs Shauna Irwin (Acting)
<b>Responsible Individual:</b> Mr Philip Stewart	<b>Date registered:</b> Not applicable
<b>Person in charge at the time of inspection:</b> Mrs Shauna Irwin	
<b>Brief description of the accommodation/how the service operates:</b>  This is a domiciliary care agency which provides personal care and housing support to 639 individuals with physical, mental health, learning disability, care of the elderly needs living within the Western Health and Social Care Trust (WHST) area. Service users are supported by 452 staff.	

## 2.0 Inspection summary

An unannounced inspection took place on 21 October 2021, from 10.00 am to 1.50 pm 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 practice, monthly quality monitoring and Covid-19 guidance.

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. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

## 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, notifiable incidents 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

The information provided by service users, staff and relatives indicated that there were no concerns in relation to the agency. All confirmed that they were very satisfied with the standard of care and support provided. The following comments were received during the inspection:

##### **Service users' comments:**

- "I have no complaints."
- "No bother with them. They are very good and very helpful."
- "They are very good, I don't mind them at all."
- "You couldn't get better, they never let us down, they are very, very good."
- "I am very happy with them."

Two carers were present in a service user's home, when we telephoned the service user. It was identified that the two carers had attended the service user's home, to escort her to the hospital. The inspector was informed that the carers had volunteered to do this on their day off and were not getting paid for it. We spoke with one of the carers present who stated that she loved her job and that the service users are 'like family to them'. The two carers are highly commended for this.

##### **Service users' representatives' comments:**

- "I am as happy as Larry, you couldn't get better, they are the Bees' Knees."

##### **Trust' representative**

- "Fantastic agency, very organised. They answer queries promptly and investigate any concerns that are raised."

A number of questionnaires were returned. The respondents indicated that they felt very satisfied with the care and support provided. Written comment included:

- The staff are always very caring and helpful and always seemed to care about you. The office staff always contacts to see that the care is ok.”

No responses were received via 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?**

The last inspection of North West Care was undertaken on 10 February 2020 by a care inspector; no areas for improvement were identified.

## **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 Adult Safeguarding Position report for the agency had been completed.

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. Staff had undertaken training in relation to adult safeguarding. Review of incidents identified that they had been referred appropriately.

Additional training was provided and competency assessments were undertaken where staff were providing specialist care; this included enteral feeding and tracheostomy care.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. 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 agreed to liaise with the WHSCT key workers as necessary, to ensure that any DoLS practices are authorised.

The manager confirmed the agency does not manage individual monies belonging to the service users.

Where a service user is experiencing a restrictive practice, it was noted that the care records contained details of assessments completed and agreed outcomes developed in conjunction with the WHSCT representative.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

There was a system in place to ensure that all service users received their calls in keeping with the care plan; a system had also been developed to record and report any missed calls. Review of care records indicated that no calls had been missed.

### **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 none of the service users had been assessed by SALT in relation to dysphagia needs.

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 training on this was included in the staff induction programme.

### **5.2.3 Are their 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, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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 WHSCT 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. 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 areas had been actioned.

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.

The manager advised that no staff had raised any concerns under the Whistleblowing procedures.

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.

## 7.0 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 Shauna Irwin, manager, as part of the inspection process and can be found in the main body of the report.



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