

27 January 2023



## Home Care Service (North & West Locality)

Type of service: Domiciliary

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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

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust	<b>Registered Manager:</b> Mr Paul McKeown (Acting)
<b>Responsible Individual:</b> Dr Catherine Jack	
<b>Person in charge at the time of inspection:</b> Mr Paul McKeown	
<b>Brief description of the accommodation/how the service operates:</b>  Home Care Service (North & West Locality) is a domiciliary care agency providing a range of personal care and support to service users living in their own homes; across two locality sites, Belfast (north and west) and Cregagh Road, Belfast (south and east).	

## 2.0 Inspection summary

An unannounced inspection took place on 27 January 2023 between 10.15 a.m. and 4.00 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 Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Area for improvement identified related to staff training.

Good practice was identified in relation to staff induction.

## 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?

During the inspection we spoke with a number of service users' relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

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

- "The service is brilliant and the girls are fanatic. It has given me a great hand. The family have an input into the support provided. If there are any concerns, I would report them to the manager or the coordinator. They wear masks and gloves when they come in. We are very happy with the service. They communicate well with the family."
- "The service communicates well with the family. They communicate if there is an issue with a call. We have no concerns regarding the service. We have input into the care planning. I know who to report concerns to."

##### **Staff comments:**

- "I completed my safeguarding training as part of my induction. The induction has been really good; the staff have been good. I have shadowed experienced staff out in service users' homes belonging to my patch. The service users are provided with information on how to make a complaint. The service users have input into their care. From what I have seen so far the management is supportive. If I had a concern the manager would listen to me. The manager's door is always open and he is very approachable; this has made my settling in easier."

No questionnaires were returned. There were no responses 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?**

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. An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

The last care inspection of the agency was undertaken on 31 January 2019 by a care inspector. No areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 What are the 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 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).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Review of training records identified that not all staff had received up to date adult safeguarding training. An area for improvement has been identified in this regard. Training dates had been identified and an action plan implemented to ensure a rolling programme of training dates are made available to staff. This action plan also detailed timescales for completion of outstanding mandatory training.

Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future. Review of training records identified that not all staff had received up to date moving and handling training. An area for improvement has been identified and incorporated into the area for improvement detailed above.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task. Review of training records identified that not all staff had received up to date administration of medication training. An area for improvement has been identified and also incorporated into the area for improvement detailed above.

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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA. The manager reported that none of the service users were subject to DoLS.

Review of the training records identified that not all staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. An area for improvement has been identified in this regard; this area for improvement has also been incorporated into the area for improvement detailed above.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with service user's family, it was good to note that service users had an input into devising their own plan of care. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

### **5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). 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. Review of training records identified that not all staff had received Dysphagia training. An area for improvement has been identified and is subsumed into the area for improvements stated in 2.5.1.

The manager reported that staff who have not received training in Dysphagia, do not support service users assessed by SALT with recommendations.

#### **5.2.4 What systems are in place for staff recruitment and are they robust?**

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department and managed in accordance with the Regulation and Minimum Standards, before staff member's 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. It was good to note that the manager discussed the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

#### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

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.

## 6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

The area for improvement and details of the QIP were discussed with the 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

#### Area for improvement 1

**Ref:** Regulation 16 (1) (a)  
(2) (a)

**Stated:** First time

**To be completed by:**  
30 April 2023, as stated in  
the action plan.

The registered person shall ensure that all staff undertake mandatory training in keeping with the agency's policies and procedures; this relates particularly to, but not limited to Adult Safeguarding, Moving and Handling, Administration of Medication, DoLS and Dysphagia training.

Ref: 5.2.1 and 5.2.3

#### **Response by registered person detailing the actions taken:** [5.2.1]

The Home Care North and West Service has deployed the RAG Rated Training Matrix that was developed for the IDSS service (10885). This matrix monitors training compliance and the current training status of all staff.

A Training Manager was appointed (Band 7) in August 22 and is working within the Home Care Service to ensure compliance in the mandatory training areas specified by 31 March 2023. Compliance with the mental capacity act training will be achieved by 30 April 2023.

The Trust continues to support additional training resources to assist in the Service achieving compliance with the required timescale.

A monthly monitoring meeting chaired by a member of the Collective Leadership Team is in place to monitor progress made against the training action plan in order to ensure training compliance is achieved within the required timescale.

[5.2.3]

All staff who are supporting Service Users with dysphagia by preparing food, feeding the Service User or supervising the Service User while eating, have been appropriately trained.

A process has been put in place to ensure that any referrals for service users with IDDSI requirements go through the Registered Manager to ensure Service Users records are updated and staff training is compliant with care being achieved.

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





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