

Inspection Report

9 January 2024



Kingdom Healthcare Ltd

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kingdom Healthcare Ltd	Registered Manager: Mrs Honor Hawthorne
Responsible Individual: Mrs Niamh Conaty (registration pending)	Date registered: 13 April 2023
Person in charge at the time of inspection: Mrs Niamh Conaty	
Brief description of the accommodation/how the service operates: Kingdom Healthcare Ltd is a domiciliary care agency which provides personal care, practical and social support to 161 service users living in their own homes. The service users care is commissioned by the Southern Health and Social Care Trust (SHSCT). Service users are supported by 78 staff.	

2.0 Inspection summary

An unannounced inspection took place on 9 January 2024 between 9.30 a.m. and 1.30 p.m. The inspection was conducted by a care inspector.

As a result of intelligence received prior to this inspection, the inspection focused on the governance and managerial arrangements, the staffing arrangements and the delivery of care. Areas for improvement identified during the previous care inspection were also examined.

Enforcement action resulted from the findings of this inspection. We identified serious concerns in relation to the care not being delivered in keeping with the SHSCT care plan. There was a lack of robust governance arrangements and managerial oversight; and a lack of effective quality assurance of service provision by the Responsible Individual. Concerns were also identified in relation to the appropriateness and/or security of messages recorded within an on-call instant messaging service (WhatsApp) used by staff. It was also concerning that this was being used by staff to record matters that had not been recorded on the Care Planner system and reported to the SHSCT.

A serious concerns meeting was held on 25 January 2024 with the Responsible Individual to discuss these shortfalls.

During the meeting the Responsible Individual provided a full account of the actions taken/ to be taken in order to drive improvement and ensure that the concerns raised at the inspection were addressed and submitted a robust action plan.

Following the meeting, RQIA decided to allow the Responsible Individual a period of time to demonstrate that the improvements had been made and advised that a further inspection will be undertaken to ensure that the concerns had been effectively addressed.

A Quality Improvement Plan (QIP) was issued outlining the areas for improvement required in respect of the following areas: auditing of care records; the on-call messaging system; staffing contingency arrangements, the monthly quality monitoring processes; the alphabetical list of service users; the recording of complaints; and staff training in respect of record keeping and reporting arrangements. In addition, an area for improvement previously identified was not met and has been stated for the second time. One area for improvement was not reviewed and has been carried forward for review at the next inspection.

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 for staff.

4.0 What did people tell us about the service?

As part of the inspection process we spoke with a number of service user's relatives. Varied views were given as to quality of the care and support provided, however a number of comments were in keeping with the inspection findings:

- "All very, very good. Sometimes they can be late in the morning and then the lunch call is early, so sometimes there is just an hour and a half between calls."

- “The odd time only one carer comes and sometimes, they send a male carer, which my relative does not like for personal care. When this happens, the family help the carers out, we don’t mind.”
- “Happy enough.”
- “There were always different carers. As soon as (my relative) got used to some of the girls, they sent someone else. One carer sat out in the car and didn’t knock on the door even. Then the carer was texting on the phone (whilst driving) and spent all her time on her phone, arranging her wedding and not speaking to (my relative). They would arrive very late, if at all. We had quite a lot of missed calls. Then they sent (named carer) who did not speak to (my relative) and then a carer who couldn’t speak English. This carer left (my relative) and didn’t even go into Starbucks with them.”

Questionnaire responses were noted to be positive; no written responses were received.

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 the last inspection?

Areas for improvement from the last inspection on 12 May 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 11.2 Stated: Second time	Staff are recruited and employed in accordance with the statutory employment legislation. The manager shall ensure any gaps in an employment record are explored and explanations recorded and two satisfactory references, linked to the requirement of the job are obtained.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 2 Ref: Standard 9.1 Stated: First time	The registered person shall ensure that the moving and handling policy and training content are reviewed and implemented, to ensure that they are explicit in relation to the types of equipment included in the practical training; direction for staff on the process to follow in the event of a deterioration in a service users' ability to weight bear; and the decision making around re-commencing the use of equipment, when the service users' condition improves.	Met
Area for improvement 3 Ref: Standard 8.11 Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 8.11 Stated: First time	The registered person shall ensure that the monthly quality monitoring visits focus on contacting service users who are in receipt of a sitting service, to ascertain their views on the care and support provided; the number of service users contacted must be representative of the size of the agency; and their feedback must be clearly identified within the reports.	Not met
	Action taken as confirmed during the inspection: There was no evidence that this area for improvement was met. This area for improvement has been stated for the second time.	

5.2 Inspection findings

5.2.1 What are the systems in place for ensuring service users get the right care at the right time?

Review of records identified a number of missing entries in the daily notes relating to service users and which should have been recorded as missed calls. In addition, care workers omitted to record the departure time of their calls to service users on numerous occasions; we were therefore not assured that calls to service users were in keeping with the commissioned time. Delays in notes being returned to the registered office also impacted upon audits being undertaken in a timely manner. It was also noted that a number of calls by staff to service users were significantly shorter than the time which was agreed by the commissioning Health and Social Care Trust.

Additionally, where family members were relied upon by the agency to support staff when delivering care to service users, due to staffing shortages, the SHSCT were not consistently informed.

Concerns were also identified in relation to the appropriateness and/or security of messages recorded within an on-call instant messaging service, (WhatsApp) used by staff. It was also concerning that this was being used by staff to record matters that had not been recorded on the Care Planner system and reported to the SHSCT.

This was discussed during the serious concerns meeting on 25 January 2024; with the Responsible Individual who acknowledged the importance of recording missed calls and ensuring this information is relayed to the Trust. It was also acknowledged that the daily logs should be completed in their entirety and assurances were given that the daily logs would be returned to the office in a timely manner and audited to identify any shortfalls that may have occurred. The use of the instant messaging system was also discussed and it was agreed that this method of communication would cease immediately and all records would be recorded on the Care Planner system. Three areas for improvement have been identified.

5.2.2 What are the arrangements to ensure robust managerial oversight and governance?

Serious concerns were identified regarding the lack of robust governance arrangements and managerial oversight of the agency. RQIA is concerned that the lack of a cohesive management structure has resulted in the registered manager and care coordinator being called upon to deliver care directly to service users rather than attending to governance and managerial responsibilities; this has led to an inadequate management presence within the registered office so as to quality assure care delivery and service provision.

Also, discussion during the inspection evidenced that the absence of an effective staffing contingency plan resulted in a number of calls to service users being cancelled.

Serious concerns were identified regarding a lack of effective quality assurance of service provision by the Responsible Individual. While there was evidence that quality monitoring visits had been undertaken on a monthly basis, these did not provide assurance that the quality of care delivery and service provision was being robustly and consistently quality assured.

Complaints records were not consistently recording all expressions of dissatisfaction with the service. For example, there was one service user who changed providers due to dissatisfaction with the care provided; this was not evident within the complaints records. In addition, following the inspection, we spoke with a service users relative who had also changed providers; they described inconsistent call times, missed calls and unprofessional conduct of a number of carers, who did not engage with the service user; this was also not recorded within the complaints records.

The alphabetical list of service users provided to the inspector was also noted to include the names of service users who had changed providers and also the names of service users who were deceased.

This was discussed during the serious concerns meeting on 16 January 2024; with the Responsible Individual who provided assurances as to the plans in place to address these shortfalls. Four areas for improvement have been identified. In addition, an area for improvement previously identified in relation to the quality monitoring visits was not met and has been stated for the second time.

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
Total number of Areas for Improvement	6	3*

* the total number of areas for improvement includes one that has been stated for a second time and one which has been carried forward for review at the next inspection.

The areas for improvement and details of the QIP were discussed with Mrs Niamh Conaty, Responsible Individual (registration pending), 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 14 (a)(b)

Stated: First time

To be completed by:
Immediate from the date
of the inspection

The registered person shall develop and implement a robust auditing system to ensure service users receive their care calls in a timely manner; missed and short calls identified through the auditing process, must be investigated and records retained of any action taken, including that the matters have been reported to the SHSCT; omitted departure times identified through the auditing process must be investigated and records retained of any action taken; and the system for communication with service users and/or their' representatives must be reviewed, to ensure that any matters impacting on service delivery are communicated effectively.

Ref: 5.2.1

Response by registered person detailing the actions taken:

Daily Report Sheets to be collected between 1st & 7th of each month for the previous month. Daily Report Sheets will then be audited which will consist of

1. Checking all calls completed for each day. Cross match against CarePlanner for any cancelled calls
2. Checking times in and time out is recorded
3. Checking duration of calls is as per care plan. To record on audit sheet any calls which are shorter/longer than planned duration
4. Checking that the record is accurate representation of tasks as prescribed on the care plan. To record any tasks which are not noted as completed.
5. Checking the signature of the DCA(s) are present and that the names match who was rota'd on CarePlanner. Also checking that if 2 DCAs present, both have signed their own names.

All audited DRS should be reviewed and actioned:-

1. Any calls which are not recorded on the DRS and have not been cancelled on CarePlanner should be recorded as a Missed Call on the logs. Missed call protocol should apply to include analysis of implications and reporting procedure to Trust.
2. Any calls which are shorter than the planned duration should be reviewed and ascertained if there is a pattern. A pattern of shortening of calls should be reported to the Trust to request a review of package as may not be required.

	<p>3. Calls which note 'Told to go on' should be reviewed and Trust contacted to review commissioned time</p> <p>4. Audit should identify service users refusal of a task and this should be reported to Trust</p> <p>Registered Manager to review actions and sign off on audit once complete.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall review the on-call instant messaging service (WhatsApp) used by staff to ensure that it is secure and that the content does not contain any information pertaining to any service user that is identifiable or information that should be recorded within the service users' care records; evidence of auditing the messaging service must be retained for inspection.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The use of Whatsapp communication to DCAs relating to Service Users has ceased and DCAs have been informed to use CarePlanner to report any updates in.</p> <p>If a DCA sends a message and its content is inappropriate, it will be deleted and DCA contacted personally to discuss. Repeat occurrence will be dealt with via disciplinary procedures</p> <p>Notes which DCAs have entered onto CarePlanner are reviewed in the morning, afternoon and before EOD. Any urgent notes are dealt with at the time and not left to next day. Person actioning note should add a comment with their actions and include any correspondence to note. Entries uploaded to CarePlanner should be communicated to the Trust where appropriate to allow for follow up, changes to CarePlan or for reassessment.</p> <p>The Whatsapp incoming and outgoing messages are reviewed and audited weekly by the Registered Manager and any concerns or actions noted will be addressed</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16(1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall review the staffing contingency plan to ensure that there are sufficient staffing arrangements in place to meet the needs of the service users.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p>

	<p>To ensure the number of staff are at a level to provide full cover to all service users on a daily basis, the following has been implemented:</p> <ul style="list-style-type: none"> - Ascertain the required number of staff need to work on each given day, taking into consideration additional day/night sits which fall on each day. - Establish a permanent rota for each day in collaboration with all staff members. - Be attuned to the warning signs of inadequate staffing and have measures in place before it becomes a problem. <p>We have established that our cohort of staff work on average between 25-35 hours per week. Using the lowest average figure, we calculate that if we have 1000 hours of calls to provide each week, then we require a minimum of 40 staff members working consistent hours each week. As the hours some workers will undertake will vary from week to week, we have to ensure an additional cohort of staff is available to cover the additional hours.</p> <p>To ensure a consistent approach to staff rotas is executed, we have split the rotas for areas between the coordinator and assistant coordinator with the responsibility to assign fully and disseminate to staff 1 week prior to the week commencing once the Registered Manager has reviewed and given the ok. Doing this will ensure a full overview of the rota is known by all staff and therefore should eradicate any potential errors or highlight any shortfalls in plenty of time for action to be taken.</p> <p>Our coordinators should also review future planned absence a minimum of 2 weeks prior to commencing the rota allocation to determine what the staffing levels will be each day that week, taking into consideration the absences. Coordinators should be aware of all planned absences and be able to continue to supply all services as normal without disruption.</p> <p>In terms of long term leave such as maternity leave, coordinators should alert management to the requirement for a more permanent replacement for staff to be sourced. This should be done at the soonest opportunity so there is no disruption to services.</p> <p>Staff from KHC's other registered services will be deployed when available to the locality facing shortages. This will require an agreement of staff usage between the registered managers of each service so as there is not additional pressures placed on other services.</p> <p>Staff in both our office and those on the frontline are fully reprimed of the processing for evoking KHC's contingency plan</p>
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	and that it is to be only to be evoked by the Registered Manager and Registered Provider collectively.
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<p>Area for improvement 4</p> <p>Ref: Regulation 23 (1)(2)(3)(4)(5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that quality monitoring reports are robustly and comprehensively completed in keeping with Regulation; the reports must contain a time bound action plan; and must evidence meaningful and timely review by the manager and the Responsible Individual.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The monthly monitoring reports are now completed by the Responsible Individual and a cohesive and detailed report is generated. The RI completes this report by selecting the records for review independently and reviews all necessary evidence, reports, files, assessments etc. The report is then generated with an action plan which is discussed with the Registered Manager who is responsible for actioning. The action plan is reviewed at the next monitoring visit.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 22(8)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that a robust system is developed and implemented so as to ensure that every complaint is recorded in keeping with the agency's policy and procedures; the manager should regularly and meaningfully analyse all complaints to identify patterns/trends in order to drive any necessary improvements.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All complaints received to KHC no matter in what format, are recored on the Complaints log. All expressions of dissatisfaction are treated as a complaint and investigated by the Registered Manager. This will also include any issues arising from client monitoring and reivews. Complaints are reviewed monthly by both the RM and RI and any patterns identified will be addressed to ensure improvements implemented and monitored going forward.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 21(1)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the alphabetical list of service users is maintained and up to date at all times.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All service users whose package of care has ceased are marked as inactive following their last call. The registered Manager will review the ceased packages to ensure their record has been disabled on the system. Each week, the</p>

	Registered Manger will review CarePlanner to ensure that only active service users are showing. Once the Registered Manager has ascertained the accuracy of the list, it will be printed.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 11.2 Stated: Second time To be completed by: Immediate from the date of inspection.	Staff are recruited and employed in accordance with the statutory employment legislation. The manager shall ensure any gaps in an employment record are explored and explanations recorded and two satisfactory references, linked to the requirement of the job are obtained. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 8.11 Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the monthly quality monitoring visits focus on contacting service users who are in receipt of a sitting service, to ascertain their views on the care and support provided; the number of service users contacted must be representative of the size of the agency; and their feedback must be clearly identified within the reports. Ref: 5.1
	Response by registered person detailing the actions taken: The views of service users who are in receipt of a sitting service have been closely monitored with contact being made through the standard quality monitoring calls and also during the MMR completed by the Responsible Person. A new quality monitoring proforma has been created on which the questions are more relevant to those in receipt of a sitting service. Contact is made with service users who have a newly implemented sitting services within 2 weeks of service commencement to ensure that we are meeting the expectations and needs of the service user.
Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by:	The registered person shall ensure that all staff are trained, by whatever means, as to their responsibilities in terms of accurate recordkeeping; and in relation to reporting requirements to the SHSCT. Ref: 5.2.1

<p>Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>All staff have now been retrained and refamiliarised with the protocols regarding record keeping and reporting to the Trust. This process is reiterated at the team weekly meeting, overseen by the Registered Manager. The training focuses on the following:</p> <ul style="list-style-type: none"> - Any incidents, issues, concerns etc are reported to the relevant key worker via email at the time of occurrences (or as close to as possible) and the registered manager is CC'd to ensure adherence to the process. - Emails are printed and filed under individual service user name. - Calls which have not taken place due to cancellations will have a proforma completed and sent to the Trust for their information. A copy is also saved in the service user file. - Any reports from DCAs which have been uploaded to the system will be actioned at intervals throughout the day and will be date stamped as to when the record was actioned. - Calls which have not taken the required time as assessed are reported to the trust with a request to review the package of care. This is evidenced by email.
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