Inspection report

12 May 2023

Kingdom Healthcare Ltd

Type of service: Domiciliary
Address: 74 William Street, Lurgan, BT66 6JB
Telephone number: 02838 294927

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: Kingdom Healthcare Ltd **Responsible Individual:** Mrs. Niamh Conaty (registration pending)	**Registered Manager:** Mrs. Honor Hawthorne **Date registered:** 13 April 2023
Person in charge at the time of inspection: Mrs. Honor Hawthorne	
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). The agency also offers care and support to service users who pay the agency directly for their care. Service users are supported by 78 staff.	

2.0 Inspection summary

An unannounced inspection took place on 12 May 2023 between 9.30 a.m. and 2.45 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), Care records, restrictive practices and dysphagia management.

The majority of those consulted with commented positively in relation to the care and support provided. However, feedback from service users in receipt of sitting services was less positive. An area for improvement was identified in relation to ensuring the quality monitoring processes focus on this aspect of care delivery. An area for improvement was also identified in relation to the moving and handling policy and training content; and an area for improvement previously identified in relation to recruitment was stated for the second time.

Good practice was identified in relation to the systems in place for identifying and addressing risks.

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 manager 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?

We spoke with a number of service users' relatives who spoke positively in relation to the care and support provided, where service users were receiving a number of calls each day/week. Comments received included:

Service users' relatives' comments:

- "The family are very happy with the quality of the girls they provide. They are absolutely wonderful, the girls are lovely and give (name of service user) a great lift."
- "No complaints, they always show up."
- "We are satisfied. They send a lot of junior staff though."
- "No complaints, they are polite and nice and helpful. They are very, very good."
- "They are very good, no complaints."
- "We are happy, they chat away and are very good, we have no problems and (my relative) enjoys them."
- Very happy, my (relative) likes them, they make lunch. They are good at letting us know if they cannot call."

However, feedback from service users in receipt of sitting services was less positive. Specific comments received were relayed to the manager for review and action, as appropriate.

An area for improvement has been identified in relation to this aspect of service provision. Refer to section 5.2.6 for further detail.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "My carer is exceptional, caring, professional, supportive and goes beyond her duties. We are very blessed to have her."
- "It would be good to know what time to expect the carers especially morning and night."
- "Very satisfied. Thank you (to) all."

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led.

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 18 March 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 18 March 2022		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 11.2 **Stated:** First 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.	**Not met**
	Action taken as confirmed during the inspection: Whilst the records reviewed identified that any gaps in employment had been explored, the references reviewed had not been subject to a sufficient level of scrutiny. This meant that inconsistencies between dates of employment recorded on the application form differed to those recorded on the references. This area for improvement was not met and has been stated for the second time.	

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 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 agency's annual Adult Safeguarding Position report was in the process of being completed. This will be viewed at future inspection.

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 records confirmed that the agency had a clear process in place for identifying and reporting any actual or suspected incidences of abuse. Any concerns raised had been managed appropriately.

The manager advised that no concerns had been raised under the whistleblowing policy.

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

Staff were provided with training appropriate to the requirements of their role.

We discussed the content of the moving and handling training, specifically in relation to the inclusion of specialised equipment that some service users may need to assist them with moving. This was not included in the agency's mandatory training programme. The manager agreed to take this matter under consideration to either source the piece of equipment needed or alternatively maintain records of the training provided, if delivered by a Trust' representative. Review of the moving and handling policy identified that it required to be updated in relation to the types of moving and handling equipment included in the staff training; it also required to include 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 certain equipment, when the service users' condition improves. An area for improvement has been identified.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

There was evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. 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.

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. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. The agency retained a DoLS register in relation to any service user who was experiencing a deprivation of liberty.

5.2.2 What are the arrangements for ensuring service users get the right care at the right time?

The service users' care records contained details about the level of support they may require. The care records contained an assessment of need, care plans and service user agreements.

Review of the daily notes identified that all calls had been delivered as per the care plans. Returned notes had been audited. This ensured that any missed entries could be investigated.

Where the staff were unable to deliver calls; this was communicated to the service users' and their relatives in advance. Trust representatives were also kept informed.

The agency maintained a record of any calls that had been missed. The manager was advised to include any calls that had been cancelled by the agency, as part of the monthly quality monitoring processes.

There was a system 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 training was available to staff in relation to Dysphagia. The manager advised that the current training module was in the process of being reviewed, to ensure that the content was more easily understood by the staff. This will be reviewed at future inspection.

All staff had undertaken training in relation to how they should respond to any choking incidents.

Review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency.

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 criminal record checks (AccessNI), were 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. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

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 monitoring arrangements in place in compliance with Regulations and Standards. The monthly quality monitoring reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. Review of the reports established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. Given the feedback provided from relatives outlined in section 4.0, regarding the quality of the sitting service, the person designated with the responsibility of undertaking the monitoring visits should focus on contacting these service users, in addition to the calls they would usually make. An area for improvement has been identified.

The Annual Quality Report was reviewed. Advice was given in relation to further developing the process to ensure that it reflected a wider quality improvement focus, as opposed to being solely comprised of stakeholder feedback.

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 also evidence of valid public and employers' liability insurance.

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. In some circumstances, complaints can be made directly to the commissioning body about agencies. This was discussed with the manager. Advice was given in relation to updating the complaints policy about how such complaints are managed and recorded.

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

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	0	3*

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

The areas for improvement and details of the QIP were discussed with Mrs Honor Hawthorne, Registered 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 Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 11.2 **Stated:** Second time **To be completed by:** Immediately 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
	Response by registered person detailing the actions taken: Since inspection currant staff files have been audited 1 file was identifed where reference dates do not aline with employment record. This was discussed with the staff member and it was found that she has worked casually for that company for the previous dates as stated but then was added to their emplyment. Discussion has taken place with the recruitment officer and this will be followed up by them and checked by Registered Manager before newstaff commence
Area for improvement 2 **Ref:** Standard 9.1 **Stated:** First time **To be completed by:** Immediately from the date of inspection.	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: Stedy has been ordered for each training facility so that all staff have training on this equiptment. Moving and handling policy to be reviewed and updated by the Registered Person. The decision about re-commencing of use of equiptment will be taken by either a senior staff member, if direction has been previously given by physio (2 step approach) or the Trust physio will be contacted to attend before recommencement of use of equipment

Area for improvement 3 **Ref:** Standard 8.11 **Stated:** First time **To be completed by:** Immediately from the date of 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 bet be clearly identified within the reports. Ref: 5.2.6
	Response by registered person detailing the actions taken: Care co-ordinator to contact all those receiving a sitting service monthly for the next three months. Dependant on the feedback additional training may be identified and will be provided where necessary. New sitting services to be contacted within 2weeks of service commencment to ensure that we are meeting the expectations of the service

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