

Inspection Report

18 March 2022



Kingdom Healthcare Ltd

Type of service: Domiciliary
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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 (Acting Manager)
Responsible Individual: Ms Patricia Mary Casement	Date registered: 11 March 2022
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 162 service users living in their own homes. The Southern Health and Social Care Trust (SHSCT) commission the majority of services, and there is a small number of direct payments and privately funded service users.	

2.0 Inspection summary

An unannounced inspection was undertaken by the care inspector on 18 March 2022 between 10.15 a.m. and 5.30 p.m. and on 22 March 2022 between 10.30 a.m. and 17.00 p.m.

This inspection focused on the agency's governance and management arrangements, adult safeguarding, complaints, staff registrations with the Northern Ireland Social Care Council (NISCC), Deprivation of Liberty Safeguards (DoLS), restrictive practice, staff recruitment, staff induction, training, dysphagia arrangements, Covid-19 guidance and monthly quality monitoring.

Good practice was found in relation to the management of accidents/incidents and the system in place for disseminating Covid-19 related information to staff.

One area of improvement was identified in relation to staff recruitment.

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 review the information held by RQIA in relation to service. This includes the previous inspection report and any written and verbal communication received since the last care inspection.

The inspection focused on:

- contacting the service users, their relatives, 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 the service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff to feed back to the RQIA.

4.0 What people told us about the service

We spoke with two service users and received two responses to the service user/relative questionnaires. The feedback received was mostly positive and was shared with the agency. In addition, feedback was received from the staff electronic survey provided. We also received feedback from HSCT professionals.

Service users' comments:

- "The communication with the staff is excellent."
- "The manager is first class."
- "I've had no missed calls."
- "I could not speak highly enough of them."
- "Lovely girls, witty and joyful."
- "I was a nurse for forty five years and I rate them very highly."
- "The staff are friendly."
- "I've no concerns."
- "I would like an earlier call at night."

Staff comments:

- "More staff. Managers getting back to us when we text."
- "I feel the staff need to be paid better wages and there should be more travel related allowances looking at the current inflation. Working with the organisation is exciting. They are prompt and helpful at every situation."
- "Coordinator gives excellent support."

HSCT representatives' comments:

- "The communication with the service is great."
- "I would be the first point of contact when staff phone in."
- "They are very good at communicating any issues by telephone or by email."
- "I have no issue with the service."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since 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.

The last inspection to the agency was undertaken on 2 August 2018; one area for improvement was identified. An inspection was not undertaken in 2019-2020 and 2020-2021 inspection years due to the impact of the first surge of Covid-19.

Areas for improvement from the last inspection on 2 August 2018		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 11(2) (b) Stated: First time	11.--(2) If the registered provider is-(b) an organisation, it shall ensure that the responsible individual undertakes; from time to time such training as is appropriate to ensure that he has the experience and skills necessary for carrying on the agency. Ref: 6.4	No longer applicable.
	Action taken as confirmed during the inspection: This relates to a previous registered person and is no longer applicable.	

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 the service users was reviewed. 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). The annual Adult Safeguarding Position report for the agency had been formulated and was reviewed.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. They could describe their role in reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

There was a twenty-four hour, out of hours reporting system in place for staff to report safeguarding concerns.

It was noted that staff were required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter. Review of the training data identified that several staff required updated adult safeguarding training. This was discussed with the manager who took immediate action to address this. The manager later confirmed in writing that all staff, with the exception of two who were on sick leave, had completed adult safeguarding training. This area will be examined in the next inspection.

The agency had a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records reviewed and discussions with the manager indicated that one adult safeguarding referral had been made since the last inspection and was managed in accordance with the agency's policy and procedure.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The manager demonstrated that they had 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. RQIA was informed that four service users were subject to DoLS. A DoLS register was completed and viewed by the inspector.

A review of the training record indicated that not all staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. As with the adult safeguarding training noted earlier, the manager later confirmed in writing that staff who had outstanding mandatory training were up-to-date with their training. This area will be examined in the next inspection.

There was a good system in place in relation to infection prevention and control (IPC) practices and the dissemination of information relating to Covid-19 guidance. The inspector's temperature was taken and recorded on arrival to the service and information was recorded for track and trace purposes.

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 there were no service users assessed with dysphagia needs. A review of the training records indicated that not all staff had received Dysphagia training. This was immediately rectified and written confirmation was submitted that the training was completed by all necessary staff. This area will be examined in the next inspection.

5.2.3 Are their robust systems in place for staff recruitment?

During the inspection staff recruitment was discussed with manager. Three staff files were reviewed and it was noted that there were gaps in employment history which had not been explored prior or during the interview process and a reference date of employment did not match what was recorded by one applicant on their application form. One area of improvement has been stated in this regard.

Records reviewed evidenced that criminal record checks (AccessNI) had been completed for staff in line with Regulation 13, (a) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information regarding NISCC registration details and renewal dates were monitored by the manager and business support officer. A review of the records identified that some staff were not registered with NISCC; it was established that the staff had made application for registration and were awaiting confirmation of their registration details. It was later confirmed that NISCC had correctly placed staff on the register. Advice was given to the manager regarding the implementation of a robust system for checking and recording NISCC registration details. This area will be examined in the next inspection.

The manager confirmed that there are no volunteers working as care 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 users' relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. Advice was provided to the manager regarding to the need to record if HSCT representatives were contacted and no feedback was provided.

There was 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 organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

It was established during discussions with the manager that the service had not been involved in any Serious Adverse Incident (SAIs), Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified; this was in relation to staff recruitment. Despite this, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and the service was well led by the manager.

7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with Domiciliary Care Agencies Minimum Standards (Northern Ireland) 2011.

	Regulations	Standards
Total number of Areas for Improvement	0	1

One area for improvement and details of the Quality Improvement Plan were discussed with Honor Hawthorne (Acting Manager), Patricia Casement (Registered Individual) and the People's Operational 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 Day Care Settings Minimum Standards, 2021

<p>Area for improvement 1</p> <p>Ref: Standard 11, 11.2</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection.</p>	<p>Staff are recruited and employed in accordance with the statutory employment legislation.</p> <p>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.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Following the inspection, all new candidate application forms are being completed following the guidance given. This includes the completion of dates of employment in the following format DD/MM/YYYY. Any gaps of employment are discussed at the interview stage. Incongruencies with dates of former employment recorded on returned references is addressed with the candidate. Only a consistent, accurate employment history is acceptable for 'right to work'.</p>

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