

Inspection Report

14 November 2023



Down Community Care

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: Down Community Care	Registered Manager: Miss Sammy-Jo Ward
Responsible Individual/s: Mrs Susan Ward	Date registered: 18/11/2015
Person in charge at the time of inspection: Service Manager	
Brief description of the accommodation/how the service operates: Down Community Care is a domiciliary care agency based at Kingsway, Dunmurry. The service users live in their own homes in the Dunmurry and Lisburn areas of Northern Ireland. The team provide a range of services including personal care, social support and domestic assistance. The service users have been assessed as requiring these services due to frailty, learning disability and / or mental health needs. The South Eastern Health and Social Care Trust (SEHSCT) and Belfast Health and Social Care Trust (BHSCT) commission these services.	

2.0 Inspection summary

An unannounced inspection took place on 14 November 2023 between 9.00 a.m. and 3.15 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), service user involvement, restrictive practices and Dysphagia management was also reviewed.

Areas for improvement identified related to quality monitoring, recruitment and care records. The area for improvement in relation to recruitment will be stated for the second time.

Good practice was identified in relation to the management of staff supervision and appraisals.

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' comments:

- "The service is great."
- "The staff are all fantastic."
- "I have had no missed calls."
- "The staff are more than helpful."
- "I am aware of how to make a complaint."
- "I fill in a feedback form every month."
- "I have absolutely no complaints about the service."

Service users' relatives' comments:

- "The service is really good; we have no complaints at all."
- "The team leaders are great and the way they are educating the junior staff is brilliant."
- "My dad is fond of them all."
- "They are very warm and caring towards my mum each time they call, she isn't even receiving care, but they are so respectful towards her when attending to my dad"

Staff comments:

- “I love working here.”
- “I am able to raise any areas of concern.”
- “I am confident that any concerns are dealt with promptly by the office.”
- “We have staff shortages, but we all work together to get through it.”
- “My training is up to date.”
- “I am registered with NISCC.”

No questionnaires were returned and there were no responses to the electronic staff 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?

The last care inspection of the agency was undertaken on 30 December 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

Areas for improvement from the last inspection on 30 December 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that full and satisfactory information in respect to domiciliary care workers is available. This relates specifically to incomplete employment histories, references that did not include present employers and the use of correction fluid on interview records. Ref: 5.2.4	Not met
	Action taken as confirmed during the inspection: References were not consistently sought from current or most recent employment	

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). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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. 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 HSC Trust in relation to adult safeguarding. A review of records confirmed that there were no safeguarding referrals since the last inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Some advice was given in relation to ensuring the risk assessment were clearly recorded.

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.

All relevant staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) (2016) 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. The person in charge reported that none of the service users were subject to DoLS. The restrictive practice register was viewed, this document is being revised and will be reviewed at a future inspection.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service 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)?

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 staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and 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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

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 criminal record checks (Access NI) were completed and verified before staff members commenced employment and had direct engagement with service users. Appropriate references were not consistently obtained. An area for improvement has been made and will be stated for the second time.

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.

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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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 did not consistently include details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The reports did not contain review or identification of time bound action plans. An area for improvement has been made.

The Annual Quality Report was reviewed and was satisfactory, suggestions for improvement have been shared, this will be reviewed at a future inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of 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. No complaints were received since the last inspection,

The Statement of Purpose required a review. The person in charge agreed to submit the revised Statement of Purpose to RQIA within one week of the inspection. This was reviewed and found to be satisfactory.

There was a system in place to ensure that records were retrieved from the homes of service users, however the agency did not a system of auditing or reviewing these records. An area for improvement has been made.

The system in place that directs staff, as to what actions they should take to manage occasions in which they are unable to gain access to a service user's home lacked clarity. The agency had agreed to review the procedure and share the document and assurances that all staff are aware of the procedure within one week of the inspection. This document was reviewed and found to be adequate.

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

	Regulations	Standards
Total number of Areas for Improvement	3*	0

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

The areas for improvement and details of the QIP were discussed with the person in charge, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that full and satisfactory information in respect to domiciliary care workers is available.</p> <p>This relates specifically to references that did not include current or most recent employers</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>yjr The Registered Person will ensure that full and satisfactory information in respect to Domiciliary Care Workers is available. Ensuring that this informaton relates to references of the current or most recent employers.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This relates specifically to the lack of robust action plans in monthly monitoring reports.</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person shall establish and maintain a system for evaluating the quality of the servies. The Registered Person will ensure that robust action plans are within the monthly monitoring reports.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 23 (2)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This relates specifically to the lack of a system of reviewing documents retrieved from the home.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered person shall establish and maintain a system for evaluating the quality of the service ensuring that a robust system is in place for reviewing the documents from the home. Ref: 5.2.6</p>

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