

# Inspection Report

30 December 2022



## Down Community Care

Type of service: Domiciliary Care Agency  
Address: 219 Kingsway, Dunmurry, Belfast, BT17 9SB  
Telephone number: 028 9062 0002

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Down Community Care	<b>Registered Manager:</b> Miss Sammy-Jo Ward
<b>Responsible Individual/s:</b> Mrs Susan Ward	<b>Date registered:</b> 18/11/2015
<b>Person in charge at the time of inspection:</b> Service Manager	
<b>Brief description of the accommodation/how the service operates:</b> 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 30 December 2022 between 9.00 a.m. and 2.30 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, Dysphagia management and Covid-19 guidance was also reviewed.

An area for improvement was identified, this related to 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.

In preparation for this inspection, a range of information about the service was reviewed. This included the 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 staff 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 carers are all very competent, caring and friendly,"
- "I am happy with all the staff members."
- "Carers bring a smile to my face."
- "Service is excellent, carers are kind, friendly and more than caring."
- "I would like my morning call to be earlier."

Service users' relatives/representatives' comments:

- "We are very thankful for their caring attitude."
- "We are very happy with all staff members."
- "I could not fault how my father is cared for."

Staff comments:

- "Communication with the office is good."
- "I think the training is good."
- "I have no concerns regarding the standard of care of the clients."
- "I enjoy my job."

There were no responses to the questionnaires or 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 14 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 14 March 2022		Validation of compliance
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall-</p> <p>(a) be consistent with any plan for the care of the service user prepared by an Health and Social Services or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>This relates specifically to the use of bed rails.</p> <p>Ref: 5.2.1</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Care plans viewed in relation to the use of bed rails are consistent and entail all relevant information from the Health and Social Care Trust</p>	

## 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.

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

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).

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

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 staff had been provided with training in relation to medicines management. The manager/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. The person in charge reported that none of the service users were subject to DoLS. During inspection it was identified that some staff had not completed Deprivation of Liberty Safeguards (DoLS) training. Following inspection the manager provided evidence that this training had been completed.

### **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)?**

New standards for modifying 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. A review of training

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

The 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 that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. The review found incomplete employment histories, references that did not include present employers and the use of correction fluid on interview records. The declaration of fitness to work had not been completed by the agency. An area for improvement has been raised in relation to this finding. 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 induction programme which also included shadowing of a more experienced staff member.

#### **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.

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. Following the inspection, evidence of insurance was submitted to RQIA. The manager agreed to display these certificates in future.

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.

There is a system in place that clearly directs staff as to what actions they should take if they are unable to gain access to a service user’s home.

**6.0 Conclusion**

Based on the inspection findings, one area for improvement was identified.

**7.0 Quality Improvement Plan (QIP)/Areas for Improvement**

One area for improvement have 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 person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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 incomplete employment histories, references that did not include present employers and the use of correction fluid on interview records.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Person will ensure that full and satisfactory information in respect to Domiciliary Care Workers is available. The Registered Manager will ensure that a full employment history record is in place for all new applicants including references of the applicants most recent employer.</p> <p>The Registered Manager will ensure that the use of correction fluid on records is not carried out.</p>



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

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