

Inspection Report

14 March 2022



Down Community Care

Type of service: Domiciliary Care Agency
Address: 219 Kingsway, Dunmurry, Belfast, BT17 9SB
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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 Sammie-Jo Ward
Responsible Individual: Mrs Susan Virginia Ward	Date registered: 18 November 2015
Person in charge at the time of inspection: Assistant Manager	
Brief description of the accommodation/how the service operates: Down Community Care is a domiciliary care agency based at Kingsway, Dunmurry which is under the direction of the registered manager, Miss Sammie- Jo Ward. There are forty three staff providing personal care to seventy two service users. These 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) commission these services.	

2.0 Inspection summary

An announced inspection was undertaken on 14 March 2022 between 9.30 a.m. and 2.30 p.m. by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguarding (DoLS) including money and valuables, dysphagia, monthly quality monitoring and Covid-19 guidance.

An area requiring improvement was identified in relation to restrictive practice during this inspection.

This inspection focused on staff recruitment processes, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing. We also reviewed Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment processes and appropriate checks being undertaken before staff were supplied to service users' homes. There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the registered individual with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

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 reviewed the information held by RQIA about this agency. This included the previous inspection report and quality improvement plan (QIP), notifications, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

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

4.0 What people told us about the service

We spoke with two staff and a telephone communication with three service users and three service user's relatives.

No questionnaires from service users/relatives or electronic survey feedback from staff was received prior to the issue of the report.

Comments received during inspection process-

Service users' comments

- "The service is very good."
- "Even if the weather is bad they are always here."
- "The staff are well trained."
- "Staff wear Personal Protection Equipment (PPE)."
- "I have always been happy with Down Community Care."

Relatives' comments:

- “My parents are happy with the service.”
- “They are very caring and on the ball to point out any issues to the family.”
- “I think they are great.”
- “No complaints at this time.”

Staff comments:

- “It is lovely working here.”
- “The management is supportive.”
- “Training is very good.”
- “I got at least three days induction.”
- “The service users get a good service.”
- “There is good teamwork on runs.”

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 Down Community Care was undertaken via teleconferencing on 17 December 2019 by a care inspector; three areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 17 December 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Regulation 13 and Schedule 3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3</p> <p>This related specifically to:</p> <ul style="list-style-type: none"> • the requirement to obtain two references, one from an applicant's most recent employer, • a full employment history together with a satisfactory written explanation of any gaps in employment. <p>Ref: 6.3</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Recruitment records reviewed confirmed that two references were in place and gaps in employment were explored at interview.</p>	
<p>Area for Improvement 2</p> <p>Ref: Regulation 23 (1) (2) (3)(4)</p> <p>Stated: First time</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2)</p>	Met

	<p>shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>The reports must be submitted to RQIA no later than 5 days after the last day of the month until further notice.</p> <p>Ref: 6.6</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Monthly quality monitoring reports were completed in accordance with the regulations.</p>	

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 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) and the agency had prepared an Adult Safeguarding Position report.

Discussions with the person in charge demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns, including outside of normal business hours.

It was noted that staff were required to complete classroom based adult safeguarding training during their induction programme and within the timeframe outlined by RQIA.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 had a system for retaining a record of referrals made to the relevant HSCT in relation to adult safeguarding. The person in charge stated that no adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

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.

All staff had completed DoLS training appropriate to their job roles; records reviewed clarified training.

The person in charge told us that none of the service users were subject to DoLS at this time.

It was established that a number of restrictive practices were in place. Review of documentation and discussions confirmed that a number of these restrictive practices had not been appropriately assessed, planned or reviewed. An area for improvement has been made in this regard.

Staff 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.

The person in charge confirmed that the agency does not manage individual service users' monies.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practice.

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 identified one service user who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Review of the records identified that the risk assessments were consistently reflected in the care plans.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). It was established that the agency had shared information and advice with staff in relation to Dysphagia awareness.

5.2.3 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The person in charge advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager stated that the agency does not use volunteers or voluntary workers.

5.2.5 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 was noted to include engagement with service users, service users' relatives, staff and SHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that matters identified had been actioned.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that the agency had received a number of complaints since the last inspection. Records viewed and discussions with the person in charge evidenced that the complaints were dealt with in accordance with the agency's policy and procedure.

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

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified; this related to ensuring safe care. Service users were found to be receiving effective and compassionate care and the agency was overall well led by the Manager/Management team.

7.0 Quality Improvement Plan/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	1	0

Areas for improvement and details of the Quality Improvement Plan 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 15 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: 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>
	<p>Response by registered person detailing the actions taken: The Registered Manager will ensure that Care plans are consistent and entail all relevant information specifically to the use of bed rails. This information must come from the Health and Social Care Services (Trust)</p>

Please ensure this document is completed in full and returned via Web Portal



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