

Inspection Report

16 November 2021



Jark (Downpatrick) Limited

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: Jark (Downpatrick) Limited	Registered Manager: Mrs Clare Marie Parks
Responsible Individual: Mrs Danielle Theresa Mahon	Date registered: 20 October 2010
Person in charge at the time of inspection: Mrs Clare Marie Parks	
Brief description of the accommodation/how the service operates:	
Jark (Downpatrick) Limited is a domiciliary care agency which provides a range of services such as personal care, meals, sitting services and community outreach to people living in their own homes. The agency meets the needs of service users across Co. Down.	

2.0 Inspection summary

An announced inspection was undertaken on 16 November 2021 between 11.30am and 6pm by two care inspectors.

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

Good practice was identified in relation to governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

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

The findings of this report will provide the agency 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.

The inspection focused on:

- Contacting the service users, their relatives, HSCT representatives and staff to obtain their views of 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 for service users/relatives 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 service users and two staff. In addition, feedback was received from two HSCT representatives. We received six responses from the staff survey, however one was incomplete. All the respondents were either 'very satisfied' or 'satisfied' that the care being delivered to the service users was safe, compassionate, effective and the service was well led. We received five service user/relative questionnaires and no concerns were raised, all were 'very satisfied' with the care being provided.

Service users' comments

- "I am very happy."
- "I have no concerns or issues."

Staff comments

- "I have worked for Jark this past year, I thoroughly enjoy the role. Great team within Jark."
- "I have worked for Jark Downpatrick for well over 10 years and have always found them to be very professional, understanding, compassionate and caring. I have not had any issues with them."
- "Training is always on time and to the best of standards."

HSCT representatives' comments:

- "I find all the office staff respectful and helpful when contacted."

- “The manager has always acted in a very polite and professional manner. She has been very obliging trying to source packages requested and extremely supportive to both clients and their carers.”
- “Care workers consistently provide a very high standard of care as evident from the positive reports from clients.”
- “I have always found Jark to be a very professional agency. Any issues or queries are dealt with in a professional and timely manner.”
- “The services delivered by the care staff have always been of the quality you would expect. Any service users I speak to would always be praising the care staff from Jark.”

5.0 The inspection

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

The last inspection to Jark (Downpatrick) Limited was undertaken on 17 September 2020 by the care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 17 September 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 23 (2) (3) Stated: First time	(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— (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding— (i) what services to offer to them, and (ii) the manner in which such services are to be provided; and (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. 3) The report referred to in paragraph (2) 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	Met

	<p>Improvement Authority.</p> <p>This area for improvement relates to the quality of a number of monthly quality monitoring reports available for inspection. In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice.</p>	
	<p>Action taken as confirmed during the inspection: We reviewed a sample of the monthly monitoring reports and found them to be robust so the agency is now compliant with this regulation.</p>	
<p>Area for Improvement 2</p> <p>Ref: Regulation 15(12)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the Regulation and Improvement Authority be notified of any incident reported to the police, not later than 24 hours after the registered person-</p> <ul style="list-style-type: none"> (i) has reported the matter to the police; or (ii) is informed that the matter has been reported to the police <p>Action taken as confirmed during the inspection: It was confirmed that no incidents had been reported to the PSNI since the previous inspection; however discussions with the registered manager and responsible individual provided us with assurances that they were knowledgeable in relation to this regulation.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with the procedures.</p> <p>Refers to one matter not reported in a timely manner to NISCC.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The registered manager and responsible individual gave assurances that any misconduct of staff will be report to NISCC in accordance with procedures.</p>	
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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 reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated this was reviewed and was satisfactory.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

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 has a system for retaining a record of referrals made to the HSC Trust in relation to adult safeguarding. Records viewed and discussions with the manager indicated 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.

Staff have undertaken DoLS training appropriate to their job roles. This training is included in the induction for staff and is refreshed on an annual basis. It was discussed with the manager that no service users are subject to DoLS.

Staff demonstrated that they have 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.

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

5.2.2 Are their robust systems in place for staff recruitment?

Four staff recruitment files were reviewed and it was noted that they were not compliant with Regulation 13, Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was noted that there were gaps in employment and no evidence of any discussion of this prior to or during the interview process. It was also noted that employment history did not date back to when the candidate was 18 years old. It was further noted that all four recruitment files did not have a statement by the responsible individual or registered manager that the staff members were physically and mentally fit to undertake the role. Full pre-employment checks were not completed for one staff member as one reference was received after the staff member commenced visiting service users. An area for improvement has been stated in this regard.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are 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.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager, staff and review of service user 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 domiciliary care agency. There was evidence that staff had completed training in relation to dysphagia and had made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

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 user's relatives, staff and NHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements. We noted some of the comments received during monthly quality monitoring:

Staff comments:

- “Everyone is helpful and I feel I am going to gain great experience to assist me with furthering my career in nursing.”

Service users’ relatives:

- “It is great reassurance for me to now have this service as it’s one less worry when I am at work.”
- “My relative is very content with their carers from Jark and they are a great support.”

HSCT representatives:

- “Jark have always provided a good standard to service users. All staff are approachable. I have met many of Jark carers on the ground and I must say I have found them to be caring and compassionate towards service users. Overall, a very good service provided and I have no concerns.”

There is a process for recording complaints in accordance with the agency’s policy and procedures. It was noted that two complaints had been received since the last inspection. It was noted that complaints had been managed in accordance with the agency’s policy and procedures and to the satisfaction of the complainant.

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 in relation to recruitment of staff. Despite this, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has 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 Mrs Clare Marie Parks, registered manager and Mrs Danielle Theresa Mahon, responsible individual, 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) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing.</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>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Person will ensure each domiciliary care worker will have full and satisfactory information before they will be supplied. Registered manager is to sign off all New Domiciliary care worker before supplied.</p>

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Authority

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