

Unannounced Care Inspection Report 17 September 2020



Jark (Downpatrick) Limited

Type of Service: Domiciliary Care Agency
**Address: Unit 25/26 Down Business Park, 46 Belfast Road,
Downpatrick BT30 9UP**
Tel No: 028 44 83 99 96
Inspector: Michele Kelly

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best

1.0 What we look for



2.0 Profile of service

Jark Healthcare 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.

3.0 Service details

Organisation/Registered Provider: Jark (Downpatrick) Limited	Registered Manager: Clare Marie Parks
Responsible Individual: Danielle Theresa Mahon	
Person in charge at the time of inspection: Danielle Theresa Mahon	Date manager registered: 20 October 2010

4.0 Inspection summary

An unannounced inspection took place on 17 September 2020 from 10.00 to 14.30 hours. Since the inspection on 23 October 2018, RQIA have not completed a primary inspection, therefore RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site approach in line with social distanced guidelines.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement were identified during this inspection and include;

- the robustness of monthly monitoring reports
- incident reporting

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council. (NISCC)

Comments from service users:

- “Service is totally excellent”
- “Always treated with dignity and respect”
- “I have no concerns regarding confidentiality”
- “Staff go over and above”

Comments from relatives:

- “They are exceptional”
- “The manager has a great team”
- “Care is of a good standard”
- “My carers are invariably helpful and caring”

Comments from staff:

- “Management are so easy to speak to”
- “Induction was good, managers are approachable”
- “Yes we got enough information about PPE and donning and doffing safely”
- “I am quite happy”

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Danielle Rice, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent. care inspection dated 23 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 October 2020.

5.0 How we inspect

Prior to inspection the inspector reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP and written and verbal communication received since the previous care inspection.

During the inspection the inspector focused on communicating with staff to find out their views on the service.

The inspector ensured that the appropriate staff checks were in place before staff visited service users and viewed the following records:

- Recruitment records specifically relating to Access NI and Northern Ireland Social Care Council (NISCC) registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided for care workers, service users and visitors to the service to give them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for care workers detailing how they could complete an electronic questionnaire to give their views. No responses were received prior to the issue of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives. Two responses were returned prior to the issue of the report and demonstrated satisfaction with the agency.

Following the inspection the inspector communicated with one service user, and three service users' relatives.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the responsible person, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the responsible person at the conclusion of the inspection.

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 23 October 2018		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 7 (a) Stated: First time	The registered person shall keep under review and, where appropriate, revise the statement of purpose and the service user guides.	Met
	This area for improvement relates to the current documents in place that require reviewed In line with relevant local information.	
	Action taken as confirmed during the inspection: The inspector viewed the statement of purpose and service user guide which had been updated since the last inspection but which now required a further update to reflect Covic-19 guidance. Both documents were sent to the inspector following the inspection and contain guidance in respect of Covid-19.	

6.1 Inspection findings

Discussion with the responsible person and administrator identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Minimum Standards, 2011 which relate to Access NI. The inspector

reviewed four recruitment records and noted that one record did not provide information regarding gaps in employment; robust pre-employment checks are important to ensure that the persons employed are suitable to be working with service users. Following the inspection the responsible person investigated this matter and provided evidence regarding the reasons for gaps in employment. This matter will be reviewed at the next inspection.

The inspector reviewed records in relation to the staff's registration with NISCC. This is to ensure that the persons employed are suitable to deliver safe care to service users. It was noted that every staff member was appropriately registered. The inspector noted that the manager had a system in place each month for monitoring the registration of staff with NISCC and confirmed that all staff are aware they are not permitted to work if their NISCC registration had lapsed. It is important to note that NISCC has allowed a period of grace until 1 October 2020 for NISCC registrations to be renewed due to Covid-19 pandemic.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector noted that records relating to two safeguarding referrals had not been notified to RQIA and in respect of one matter had not been referred to NISCC. Since the inspection the agency have communicated with NISCC; these matters are areas for improvement.

Monthly monitoring reports examined by the inspector were scant and did not reflect a comprehensive audit of working practice; this is also an area for improvement.

Areas of good practice

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council. (NISCC)

Areas for improvement

Areas for improvement were identified during the inspection, these include;

- the robustness of monthly monitoring reports
- incident reporting

	Regulations	Standards
Total number of areas for improvement	2	1

Covid-19:

The inspector spoke with the manager and to four staff members, who were knowledgeable in regards to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance on the use of Personal Protective Equipment (PPE) for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- Dissemination of information to staff.
- Monitoring of staff practice.
- Used PPE storage and disposal.

- Staff training and guidance on infection prevention and control (IPC) and the use of PPE equipment, in line with guidance.

The inspector reviewed records relating to Infection prevention and control policies statement of purpose and service user guide. The policies and procedures had not been updated to include Covid-19 guidance; following the inspection the responsible person forwarded the updated policies and documents to the inspector.

The procedure and guidance now in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.

Hand sanitisers were placed in different areas throughout the service for staff and visitors to use to ensure good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC; this was facilitated by the agency. Training was ongoing in the agency on the day of inspection and staff attending met with the inspector.

The staff spoken with by the inspector during the inspection demonstrated that they had a good understanding of the donning and doffing procedures and were able to describe how they are using PPE appropriately.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring their service users for symptoms and is adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

Areas of good practice

An area of good practice was identified in relation to the dissemination of information regarding Covid-19.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Danielle Mahon, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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 23 (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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) 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>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>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: The responsible person and registered manager to ensure robust measure are in place to ensure that Monthly monitoring reports and in accordance with Regulation 23 (2) (3). Responsible person to forward monthly monitoring reports to RQIA until further notice.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15(12)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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> <p>(i) has reported the matter to the police; or</p> <p>(ii) is informed that the matter has been reported to the police</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: Responsible person and registered manager to ensure RQIA are to be notified of any incident reported to police within 24 hours. Responsible person and Registered manager arranged training for all Jark branch staff on handling & reporting Complaints and incidents October 2020.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: Responsible Person and Register manager to ensure all suspected, alleged or actual incidents of abuse are report to relevant persons in accordance with the procedures and within appropriate time frame.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)