

Inspection Report

10 January 2022



Domiciliary Care Services (North Down & Ards)

Type of Service: Domiciliary Care Agency
Address: 10 Church Street, Newtownards, BT23 4AL
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Mrs Nicola Donnelly
Responsible Individual: Ms Roisin Coulter , registration pending	Date registered: Registration pending
Person in charge at the time of inspection: Mrs Nicola Donnelly	
Brief description of the accommodation/how the service operates: Domiciliary Care Services (North Down & Ards) is a domiciliary care agency located in the North Down area. The agency's aim is to provide care to meet the individual assessed needs of people in their own homes. The agency employs 299 staff who provide care to 657 service users.	

2.0 Inspection summary

An unannounced inspection was undertaken on 10 January 2022 between 10.00 a.m. and 16.30 p.m. by the care inspector.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS), Dysphagia, the agency's monthly quality monitoring process and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff, and the management of adult safeguarding, incidents and complaints.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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, Health and Social Care Trust (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 and this included questionnaires. In addition, an electronic survey was provided to enable staff to provide feedback to the RQIA.

4.0 What people told us about the service

No questionnaires were returned prior to the issuing of the report. There were no responses to the electronic survey.

We spoke with three service users, three relatives and three staff during the inspection; in addition one HSCT representative provided feedback via email; comments received are detailed below.

Service users' comments:

- "The majority of staff are very good, the staff come on time. I have no complaints."
- "Staff always wear their masks."
- "If I wasn't happy I would tell my daughter."
- "I have no complaints."
- "Great no concerns."
- "Staff come on time, they are all very good.]"

Relatives' comments:

- "All very good, I have no complaints. Staff all pleasant and I am pleased that they come."
- "I have no concerns."

Staff comments:

- "Very happy, I have no concerns. I can report anything to the coordinators."
- "I feel the service users are well looked after."
- "We get breaks, they allow time for travel. I have no concerns."
- "We have enough PPE (Personal Protective Equipment)."
- "We are kept well informed of changes."
- "Training is good; I prefer face to face training."
- "Love working here, I enjoy my job. Management support is good."
- "We have had challenges especially due to Covid with staff isolating."

HSCT representative's comments:

- “I have one client that receives a morning and lunch call. I reviewed the package of care in August 2021 and client was very impressed with care provided by staff. Regular staff visit, they are courteous and well manner and reported that they are always very supportive and helpful and she loves that they take time with her and stop to ask how she is getting on. No issues of concern.”

Feedback received from one HSCT Keyworker was discussed with the manager and further information provided to RQIA. The information provided evidenced that the matters raised had been addressed by the agency.

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 North Down & Ards was undertaken on 6 January 2020 by a care inspector; no areas for improvement were identified. An inspection was not completed for the 2020-2021 inspection year due the first surge of the Covid-19 pandemic.

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).

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. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that from discussions with the manager and records viewed that staff are required to complete adult safeguarding training during their induction programme and required 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 in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that referrals made with regard to adult safeguarding since the last inspection had been managed

appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process undertaken by a manager from another of the organisations services.

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

The agency has provided service users with details of the process for reporting any concerns.

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 and actions taken to reduce or prevent reoccurrence.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSCT representatives.

It was confirmed that the agency are not managing individual service users' monies.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff stated that they receive regular updates with regards to changes in guidance relating to Covid-19.

5.2.2 Are their robust systems in place for staff recruitment?

Review of the agency's staff recruitment records confirmed that recruitment was managed in conjunction with the organisation's Human Resources (HR) department and in accordance with the regulations and minimum standards. It was noted from records viewed that required checks are completed before staff members commence 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 are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the area managers and organisation's e-rostering department. Staff who spoke with us confirmed that they were aware of their responsibilities for ensuring that their registration with NISCC was 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)?

Discussions with the manager and staff and review of service user care records reflected a multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met. There was evidence that staff made referrals to the multi-

disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the SALT to ensure the care provided to service users was safe and effective.

It was identified that a small number of staff have completed training with regard to Dysphagia and SALT swallow assessments and recommendations. An area for improvement was identified. There are currently a number of service users who has been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. It was noted from care records viewed that the service users individual care plans clearly recorded the care and support required with regard to eating and drinking.

5.2.4 Are there robust governance processes in place?

It was identified that 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 evidence of engagement with service users, service users' relatives, staff and HSCT representatives.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, missed calls and staffing arrangements. However it was noted that the reports were required to be enhanced to include details of the review of additional information such as DoLS and NISCC registration and to include details of the records reviewed. In addition it was identified that a more robust action plan was generated to address any identified areas for improvement and to ensure that these were followed up on subsequent months, to ensure that identified matters had been addressed. We discussed with the manager the recently updated guidance and template provided by RQIA with regard to the quality monitoring process. An area for improvement was identified.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the policy and procedures and are reviewed as part of the agency's monthly quality monitoring process and quarterly to identify trends and patterns.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

The review of the agency's staff training information indicated that a number of training updates were required to be completed by staff. An area for improvement was identified and is subsumed into the area for improvement detailed in 5.2.3.

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) since the last inspection.

The agency has recently implemented an electronic system for recording and monitoring care provided to service users. It was noted that the system will alert administrative staff if calls are late/missed.

6.0 Conclusion

Based on the inspection finding two areas for improvement were identified with regard to staff training and the agency's quality monitoring process.

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 and The Domiciliary Care Agencies Minimum Standards, 2021

	Regulations	Standards
Total number of Areas for Improvement	1	1

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	
Area for improvement 1 Ref: Regulation 23.(1)(4) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided. (4) The report shall 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. Ref: 5.2.4 Response by registered person detailing the actions taken: New guidance & Template for monitoring has been distributed. The monitoring schedule has been reviewed to ensure consistency in how these visits are carried out. The registered manager will track progress between monitoring visits and ensure all actions are carried out.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2021	
Area for improvement 1 Ref: Standard 12 Stated: First time	The registered person shall ensure that staff are trained for their roles and responsibilities. Ref: 5.2.3 and 5.2.4

<p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken: Training & inductions have been reviewed. the training team will cover Eating, swallowing & drinking & safeguarding & DoLs training during the induction process. There is a new process in place for managing NISCC registration during the induction process. A process is now in place for senior Managers carry out regular checks on the Employers portal. The new Monthly monitoring tool will look at training to include DoLs and NISCC registraion.</p>
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