

Inspection Report

14 July 2022



Quality Care Services – Newry

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: Quality Care Services Ltd	Registered Manager: Mrs Samantha Bond
Responsible Individual: Miss Julie Elizabeth Hunter	Date registered: Acting
Person in charge at the time of inspection: Branch Manager	
Brief description of the accommodation/how the service operates: Quality Care Services Newry is a domiciliary care agency based in Newry which provides care to 164 service users in their own homes. The service users, in the main, are older people, but some have physical disabilities, learning disabilities and mental health care needs. The services provided include personal care, practical and social support and sitting services. The services are commissioned by the Southern Health and Social Care Trust (SHSCT) and the South Eastern Health and Social Care Trust (SEHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 14 July 2022 between 10.25 a.m. and 3.30 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), restrictive practices, Dysphagia and Covid-19 guidance were also reviewed.

One area for improvement identified at a previous inspection in relation to recruitment was partially met and has been stated for the second time.

Good practice was identified in relation to staff induction and training. There were good governance and management arrangements in place.

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 any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trusts.

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 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:

- "All my carers are grand. Spot on."
- "If at all they are running a bit late, they will call ahead and let me know."
- "Most of my carers are great and they do everything that needs done."

Staff comments:

- "I enjoy being out in the community."
- "My induction was thorough."
- "It has been difficult over Covid due to staff sickness but we all pulled together."
- "The digital system can be problematic as our phones don't record accurate timings of calls and calls have been reduced because of this."

- “Logging our calls on our phones can be difficult as our service users think we are texting during their care call.”
- “I did a course on dysphagia during lockdown.”
- “The place is calmer since the new manager started.”
- “I love my job.”

HSC Trust representatives’ comments:

- “I work closely with Quality Care Services on a weekly basis and find them very effective in communication and care provision. Any issues that occur are addressed effectively and professionally by Quality Care. I find staff very friendly and helpful in a professional manner.”
- “I have no concerns with the quality of communication, care or information sharing. I have always found Quality Care and their staff easy to approach for support for existing and new clients and always will try and help with some of our palliative patients. The Branch Manager always tries her best to accommodate families in the community during end of life, if they can.”
- “The Branch Manager has been fantastic in attending reviews. It is apparent that the Branch Manager has a good relationship with the service users and they all know her. Changes are generally implemented during the review as it is agreed, this reassures the client that myself and the agency are working together and their voices are heard.”
- “If I have any issues or vice versa – the Branch Manager will contact me straight away and any issues or concerns are addressed within 24 hours – or sooner. To date I cannot think of any issues that have not been dealt with in a timely and professional manner.”
- “I have nothing but good reports about this agency. Communication between myself and the Branch Manager, as indeed all the staff in the office I have had contact with, is excellent. The Branch Manager has responded promptly and professionally with changes to needs or when concerns relating to service users have arisen and always makes herself available to attend reviews. Care workers are all highly regarded by my service users and I have never had a report of a missed call.”

Two returned questionnaires indicated that the respondents were either satisfied or very satisfied with the care and support provided. No written comments were included.

No staff responded to the electronic 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 8 December 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was not validated during this inspection.

Areas for improvement from the last inspection on 8 December 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (c) and (d), Schedule 3 Stated: First time	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he is physically and mentally fit for the purposes of the work which he is to perform and full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p>	Partially met
	<p>Action taken as confirmed during the inspection: Three staff recruitment records were reviewed and it was noted that a statement of the physical and mental fitness of the staff member was contained in the files; however the agency was not compliant with Schedule 3 as full employment histories had not been obtained for the staff members. This area for improvement has been stated for the second time.</p>	
Area for Improvement 2 Ref: Regulation 23 (1) (2) (a) (b) (i) (ii) (3) (5) Stated: First time	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. 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 – Arranges for the provision of good quality services for service users: Takes the views of service users and their representatives into account in deciding- What services to offer to them, and The manner in which such services are to be provided;</p> <p>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>	Met

	<p>The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This relates to the reports being more robust and including comments from staff and consulting with professionals on a monthly basis. RQIA also seeks assurance that the responsible individual has oversight of the report and submits them directly to RQIA by the 10th day of every month.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The monthly quality monitoring reports were being submitted to RQIA by the responsible individual on a monthly basis for review. The reports are now deemed to be compliant with this regulation.</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.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every year thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 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.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency before care delivery commenced and the agency had requested this training from the HSC Trust.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan. Daily records completed by staff noted the type of equipment used on each occasion. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

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 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) 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. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

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 services 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 thickening 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.

Discussions with staff and 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.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

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 the agency was not compliant with Regulation 13 Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A full employment history was not obtained for one staff member and there was no evidence of any discussion of this during interview. In another recruitment file, one reference was undated therefore there was no assurance that this reference was received prior to the staff member having direct engagement with service users. This area for improvement has been stated for the second time.

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 person in charge. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

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, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The person in charge was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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.

The Annual Quality Report was reviewed and was satisfactory.

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 along with current certificates of public and employers' liability insurance.

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 and were reviewed as part of the agency's quality monitoring process. In some circumstances, complaints can be made directly to the commissioning body about agencies. This was discussed with the person in charge. Advice was given in relation to updating the complaints policy about how such complaints are managed and recorded.

We discussed the acting management arrangements which have been ongoing since 25 October 2021; RQIA will keep this matter under review.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified. Despite this, RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

An 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

* the total number of areas for improvement includes one regulation that has been stated for a second time.

The area for improvement and details of the QIP were discussed with Ms Aurora Borsan, 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 13(d) Schedule 3</p> <p>Stated: Second 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>This relates to full employment histories being obtained and ensuring that all references are dated.</p> <p>Ref: 5.1 and 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Regional Manager has audited all new staff files to ensure that each applicant has a full employment history dating back to finishing school. Any gaps have been identified and documented on each file (if required)</p> <p>We have reiterated the full recruitment process with the Branch Manager and branch team.</p> <p>The Regional Manager will continue to review all staff files during each visit to the branch.</p>

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