

Inspection Report

8 December 2021



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 Responsible Individual: Miss Julie Elizabeth Hunter	Registered Manager: Mrs Samantha Bond - acting Date registered: Acting – no application required
Person in charge at the time of inspection: Ms Aurora Borsan	
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 76 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).	

2.0 Inspection summary

An unannounced inspection was undertaken on 8 December 2021 between 9.45 a.m. and 2.45 p.m. by the care inspector.

RQIA had convened a meeting with the SHSCT on 7 December 2021 following a number of concerns being raised regarding the quality of service delivery and a number of care packages having been handed back to the Trust for specific localities.

The SHSCT had a separate serious concerns meeting with the service on 7 December 2021 and subsequently issued a Performance Notice on 20 December 2021. This was issued due to the service failing to provide services to a standard which is fully in compliance with the terms of the contract with the Trust, as well as the failure to embed the areas of learning into practice from a previous Performance Notice issued on 18 October 2019.

The SHSCT requested an action plan to be submitted by 14 January 2022 and all actions remedied by 28 February 2022.

Due to the information provided to RQIA by SHSCT, it was decided that an unannounced inspection would be undertaken to the service on 8 December 2021, with a focus on the quality of service delivery and the management and governance arrangements in place within the agency. We also reviewed complaints, notifications, adult safeguarding, Deprivation of Liberty safeguards (DoLS), monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to the management of safeguarding and complaints. Good practice was also identified in relation to the dissemination of Covid-19 guidance to staff.

One area for improvement was identified in relation to the monthly quality monitoring reports.

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 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 for service users/relatives and an electronic survey to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with three service users, one relative and four staff. We also met with the SHSCT on two occasions to discuss the service. No staff responded to the electronic survey and no service user/relative questionnaires were received.

Comments received during inspection process –

Service users' comments:

- "My carers are respectful and friendly."
- "They always wear their PPE."
- "My times seem to have changed due to the pandemic. They can often be late in the morning, but early for my back to bed call."
- "A few wee hiccups now and again."
- "All good carers."
- "I am happy enough, as long as they don't break my routine."
- "My carers are all very happy and very nice. They are very helpful and they make me feel safe."

Service users' relatives' comments:

- "I am very happy."
- "We have never had carers like them."
- "The only issue is that we have nothing in writing and no number for Out of Hours."

Staff comments:

- "I am very happy. It's a job I love."
- "I love the Newry area; all the service users are lovely."
- "Training is great and thorough."
- "There are always two carers in a double run."
- "We definitely need more staff."
- "It's all about your service users and not letting them down."
- "The key is to work and talk at the same time."
- "We have a great bunch of care workers and we all try to work together."
- "I will stay in calls for as long as I am needed. I treat my service users like my own mother or father."
- "There is a fantastic level of support and a good level of supervision."

The comments received from the feedback were discussed with the person in charge and we were provided with assurances that these would be acted upon with immediate effect.

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 care inspection of the setting was undertaken on 21 September 2020 by a care inspector and 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 21 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 13 (c) and (d), Schedule 3 Stated: First time	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.	Carried forward to the next inspection

	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
<p>Area for Improvement 2 Ref: Regulation 23 (4) Stated: First/Second/Third time</p>	<p>The registered person shall ensure that 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>Action taken as confirmed during the inspection: A sample of the monthly quality monitoring reports was reviewed and it was noted that every report had actions plans which were reviewed every month.</p>	Met
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for Improvement 1 Ref: Standard 5.2 Stated: First time</p>	<p>The record maintained in the service user's home details (where applicable) the date and arrival and departure times of every visit by agency staff.</p> <p>Action taken as confirmed during the inspection: All care calls are now logged on a digital system and are completed for every call to service users. The care worker cannot complete the entry until every domain is filled in. On occasions the care workers experience technical difficulties with their mobile phones therefore the entry can be manually inputted by the Care Coordinators.</p>	Met

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 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. 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 SHSCT in relation to adult safeguarding. Records viewed and discussions with the person in charge indicated that one adult safeguarding referral had been made since the last inspection. It was noted that the referral had been managed in accordance with the agency's policy and procedures.

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 their 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.

The person in charge stated that there were no service users who were subject to DoLS. The person in charge and staff were provided with training appropriate to the requirements of their role; this included DoLS training. 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.

The person in charge stated that they felt very well supported by their line manager at all times and they spoke weekly in person or by phone. It was also discussed that a Quality Assurance Officer attends the office approximately every six weeks to review the internal processes within the agency.

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

This area was not reviewed during this inspection however a care worker advised they were aware of Dysphagia needs and confirmed that SALT assessments were included in service users' care plans.

5.2.3 Are their robust systems in place for staff recruitment?

This area was not reviewed during this inspection.

5.2.4 Are there robust governance processes in place?

The agency's governance and management arrangements were reviewed and it was noted that the system in place was not compliant with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The reports were not sufficient in that they did not include specific feedback from care workers or HSCT professionals on a monthly basis. They were also not signed by the responsible individual and there was no evidence to provide RQIA with an assurance that the responsible individual has oversight of these reports. An area for improvement has been identified in this regard.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that one complaint had been received since the last inspection; the complaint 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 person in charge that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Due to the intelligence provided by the SHSCT and subsequent discussions with the Trust, RQIA considered taking further enforcement action, using Regulation 11 (registered person – general requirements and training) and Regulation 14 (conduct of agency), during an internal meeting on 20 December 2021.

Whilst it was acknowledged that there remains a concern regarding the role of the responsible individual and the level of governance, management and oversight of the services, the feedback from stakeholders during the course of the inspection was positive. Given that there was insufficient evidence regarding any impact on the safety and wellbeing of the service users at this time and the current challenges being faced within the Health and Social Care sector due to the pandemic, RQIA decided not to take any further enforcement action at this time. This decision was communicated with the SHSCT which will maintain the service under performance and quality monitoring review. RQIA will continue to communicate closely with Trust and to monitor this service. A letter was also sent to the responsible individual on 23 December 2021 advising of this information and decision.

Based on the inspection findings, one area for improvement was identified in relation to the monthly quality monitoring reports. A previous area for improvement was not reviewed during this inspection and is carried over to the next inspection.

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.

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	2*	0

* the total number of areas for improvement includes one regulation which is carried forward for review at the next inspection.

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 13 (c) and (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 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> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: This was actioned and completed in Dec 2020. Statement has been added into the application form and also a separate document inserted into personnel files as requested by RQIA Inspector.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23 (1) (2) (a) (b) (i) (ii) (3) (5)</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 establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>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>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</p>

	<p>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>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>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Although the Monthly Monitoring forms had been updated to include action plans etc, we have noted the requirement for more details and will ensure this is added going forward.</p> <p>Quality Assurance calls take place regularly with service users/relatives and staff, comments from these conversations have been noted on the forms.</p> <p>The RI has oversight of the reports, and will ensure that these are sent to RQIA accordingly.</p>

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



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