The Regulation and Quality Improvement Authority

Inspection Report

24 August 2023

Potens Domiciliary Care Agency

Type of service: Domiciliary Care Agency
Address: 8a Creamery Road, Main Street, Derrygonnelly, BT93 7FZ
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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: Potensial Limited Responsible Individual: Miss Nicki Stadames	Registered Manager: Mr Chris Carr Date registered: 10 October 2022
Person in charge at the time of inspection: Mr Chris Carr	
Brief description of the accommodation/how the service operates: Potens Domiciliary Care Agency provides care and support to service users who have a learning difficulty. Service users are living in their own homes or with their families in County Fermanagh and Derry/Londonderry localities.	

2.0 Inspection summary

An unannounced inspection took place on 24 August 2023 between 9.45 a.m. and 3.05 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), service user involvement, restrictive practices and dysphagia management was also reviewed.

Areas for improvement identified related to staff recruitment and quality monitoring arrangements.

All service users spoken with indicated that they were very happy with the care and support provided by the staff.

Evidence of good practice was found in relation to communication between service users and agency staff and other key stakeholders; the provision of compassionate care; staff training; and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC).

We would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

Potens Domiciliary Care Agency uses the term 'people we support' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I like baking and I go to the Farm to help out. I have seen chicks hatching. I like the Farm. Staff are kind and they helped me get on my college course."
- "Staff are nice and they help me."
- "I like living here. I have my own room and I get to choose how I decorate it."
- "This is a good place to live. I went to Euro Disney on my holidays. I had a nice time there."

Staff comments:

- "I am very well supported by the manager. The manager is always available and takes time to listen to what you have to say."
- "Care and support is very much person centred. We encourage the people we support to choose how they spend their day."
- "I got a very good induction and this included shadowing shifts. There is good training provided and I am supported to undertake training."

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:

- ➢ Do you feel your care is safe?
- ➢ Is the care and support you get effective?
- ➢ Do you feel staff treat you with compassion?
- ➢ How do you feel your care is managed?

Returned questionnaires indicated that the service users felt that the care and support provided was excellent.

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led.

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 14 September 2021 by a care inspector. No areas for improvement were identified.

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 manager 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.

No concerns were raised with the manager under the whistleblowing policy.

Staff were required to complete adult safeguarding training during induction and every two years 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 Health and Social Care (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. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The agency's governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an effective incident/accident reporting policy and system was in place. A review of a sample of accident/incident records evidenced that these were managed appropriately.

There were systems in place to ensure that notifiable events were reported to RQIA or other relevant bodies appropriately.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as data protection and food hygiene awareness.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) 2016 (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 DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

The manager advised that there was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users and staff, it was positive to note that service users had an input into devising their own plan of care. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

It was also positive to note that the agency had service users' meetings on a regular basis. Some matters discussed included activities, outings and health and safety.

Discussion with the staff and service users provided assurance that the staff had responded to service users' wishes, feelings, opinions and concerns with the aim of ensuring service users received an effective service.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

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 all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with NISCC; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The review of recruitment records indicated that pre-employment information had generally been completed and verified satisfactorily. However, the files reviewed identified that the system for exploring gaps in employment was not sufficiently robust. This has been identified as an area for improvement.

There were no volunteers deployed 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, induction programme which also included shadowing of a more experienced staff member.

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

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.

On the day of inspection, the most recent monthly quality monitoring report available in the agency was dated 30 March 2023.

The manager contacted the monitoring officer, during the inspection, and copies of the reports for May, June and July were forwarded. The report for April's monthly quality monitoring was forwarded to the inspector post inspection.
A copy of the monthly quality monitoring report must be forwarded to the agency in a timely manner to ensure any actions required are promptly addressed. This has been identified as an area for improvement.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) 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. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

Discussions with staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development.

There is a system in place that clearly directs staff from the agency as to what actions they should take if they are unable to gain access to a service user's home.

6.0 Quality Improvement Plan (QIP)/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

Areas for improvement and details of the QIP were discussed with Mr Chris Carr, Registered Manager, 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 13 (d) Schedule 3 (8) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates specifically to the need for a satisfactory written explanation of any gaps in employment. Ref: 5.2.1
	Response by registered person detailing the actions taken: Safer recruitment of staff our number one priority to ensure we have adequate checks in place at all times. Gaps in employment are requested and checkedd against in interview and in the declaration candidates submit as part of the application process. Following the inspection, we have further confirmed with the recruitment team and managers the need to have full, verifiable information relating to all gaps in employment history. This will be further checks as part of the pre-employment process. Once all checks are completed from our Recruitment Team, the file is passed to the recruiting manager to complete all, the pre-employment checks, this is then further checked by the Area / Regional Manager and only when all is verified, will the pack be signed off for start date.
Area for improvement 2 **Ref:** Regulation 23 (1)(2)(3)(4)(5) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that a copy of the monthly quality monitoring report is forwarded to the agency in a timely manner. Ref: 5.2.6
	Response by registered person detailing the actions taken: Reg 23 reports are completed monthly by the nominated individual. From August 2023 the Regional Manager has completed and send direct to Registered Manager for review and action.

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

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