

Inspection Report

18 January 2022



Domiciliary Care Services

Type of Service: Domiciliary Care Agency
**Address: First Floor, Main Building, Downshire Estate,
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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 (Acting)
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 (11284) is a domiciliary care agency located in Downpatrick; the agency provides care and support to service users who reside in the Down and Lisburn areas. The agency's aim is to provide care to meet the individual assessed needs of people in their own homes with the aim of promoting independence.	

2.0 Inspection summary

An announced inspection was undertaken on 18 January 2022 between 10.05 a.m. and 4.00 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 pre-employment 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, HSC Trust 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 feedback to the RQIA.

4.0 What people told us about the service

Two questionnaires were returned and the respondents indicated that they were very satisfied that the service provided was safe and effective. Comments included:

- "Yes the managers are as good as the care workers. They are all excellent. So helpful and always going the extra mile. They are very attentive and I now consider them as an extension to my family."

We spoke with two service users, a relative and five staff during the inspection; comments received are detailed below.

Service users' comments:

- "They are all very good, excellent; the girls are brilliant."
- "They come near the time as possible."
- "No concerns at all, I will ring the office if any concerns and they are only too happy to listen and help."
- "The girls are very pleasant and do what they have to do."

Relative's comments:

- "The staff are very good; couple in particular that have a very good rapport with my brother."
- "I have no complaints; if any concerns I would ring the office. Had to ring the office few times but all positive."
- "They keep me informed if anything changes."

Staff comments:

- “The manager is very good. I can report things to the manager. I feel I am listened to and the office will try to accommodate you.”
- “The service users are well cared for; we can report concerns.”
- “It has been busy lately due to staff shortages caused by Covid. We get asked to do extra shifts but can refuse.”
- “I have worked here 20 years; I can report my concerns to the area manager or coordinators.”
- “We have enough PPE (Personal Protective Equipment).”
- “We can get asked to pick up extra shifts but we can say no. I have no concerns at present.”
- “It is a tough job; it can be all hands on deck to get work allocated. We have a good team.”
- “Care staff are great they really help out to make sure that the service users get the care they need.”
- “The manager is supportive and approachable; we can lift the phone to her at any time. The team are good at helping each other out.”

There was no response 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 last inspection?

The last inspection to Domiciliary Care Services was undertaken on 9 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 staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

The review of the agency's staff training information indicated that a number of training updates with regard to adult safeguarding and other mandatory areas were required to be completed by staff. An area for improvement was identified.

Staff who spoke with us 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 were observed to be comprehensive and well organised. 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.

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 information in relation to keeping themselves safe and the details of the process for contacting the office and 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 HSC Trust representatives.

It was identified 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 with relating to Covid-19.

5.2.2 Are their robust systems in place for staff recruitment?

The 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 pre-employment 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 electronic staff 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 the 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.

There are currently a small 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. 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 and is subsumed into the area for improvement identified in section 5.2.1.

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 HSC Trust 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 did not include details relating to the review of DoLS and staff NISCC registrations. The agency has recently updated their report format as per the guidance provided by RQIA.

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.

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 is in the process of implementing 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 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2021

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the Quality Improvement Plan (QIP) were discussed with Nicola Donnelly, 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 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: 5.2.1
To be completed by: Immediate and ongoing from the date of inspection	Response by registered person detailing the actions taken: Mandatory Training and Induction process have been reviewed. Adult safeguarding will now form part of the initial induction process.

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



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