

Inspection Report

12 August 2021



Four Oaks

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: Western Health and Social Care Trust	Registered Manager: Ms Frances Fullen
Responsible Individual: Dr Anne Kilgallen	Date registered: Awaiting registration
Person in charge at the time of inspection: Senior Support Worker	
Brief description of the accommodation/how the service operates: Four Oaks is a domiciliary care agency of a supported living type which provides services to seventeen service users who need care and support care with mental health wellbeing. Service users live in their own homes in single or double occupancy accommodation and have the use of communal indoor and outdoor space.	

2.0 Inspection summary

An unannounced care inspection was undertaken on 12 August 2021, between 10.30am and 3:10pm.

This inspection focused on the Northern Ireland Social Care Council (NISCC) registrations and/or the Nursing and Midwifery Council (NMC) as appropriate, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to the agency. There was evidence of governance and management oversight systems in place. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff.

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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- meeting with the service users 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 and staff 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

The information provided by service users during the inspection indicated that there were no concerns in relation to the agency. All confirmed that they were very satisfied with the standard of care and support provided. The inspector spoke with five service users and three staff.

Service users' comments:

- "I am well cared for in Four Oaks. I have the freedom to come and go as I please."
- "Staff are here to help if I need help."
- "I like living here. Staff are great, you wouldn't get better anywhere."
- "Staff treat me with great respect and kindness."
- "I would feel comfortable talking to staff about anything, they always listen."
- "My flat is warm and comfortable."

Staff comments:

- "I had a very good induction when I started in the service. Staff are very supportive and we work well as a team."
- "I have undertaken all mandatory training including IPC and Covid-19 awareness."
- "We support service users with all their needs."
- "I have regular supervision and the manager is always available to discuss matters."
- "Service users are offered choice in all that they do. Independent living is promoted at all times."
- "We have access to all risk assessments and care plans."

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 Four Oaks was undertaken on 3 September 2019 by a care inspector; no areas for improvement were identified.

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.

Discussions with the senior support worker demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was confirmed 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 senior support worker indicated that one referral had been made since the last inspection with regard to adult safeguarding. It was noted that the referral had been managed appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users indicated that they had no concerns regarding their safety; they stated that they could speak to staff if they had any concerns in relation to 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.

It was noted that staff have completed relevant 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. The senior support worker confirmed that no restrictive practices were used in the agency.

It was identified that the agency are not directly responsible for managing service users' monies.

We discussed with the senior support worker the need to ensure that the HSC Trust notify RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a clear 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 care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The senior support worker advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that a number of service users had regular contact with family and friends.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Information provided following the inspection evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of records confirmed all staff working in the agency are currently registered with NISCC or the NMC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards. The senior support worker confirmed that all staff are aware that they are not permitted to work if their professional registration lapses.

Discussion with staff confirmed that they were registered with NISCC or the NMC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

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 and staff. The reports included details of the review of accident/incidents; safeguarding matters; complaints; staff recruitment and training.

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.

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

It was established during discussions with the senior support worker 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 discussions with 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 within their home environment. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

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

It was noted that one service user had been assessed by the Speech and Language Therapist (SALT) in relation to Dysphagia needs and specific recommendations made. Staff were implementing the recommendations to ensure the care received was safe and effective for the service user.

It was identified that staff have completed awareness training with regards to Dysphagia and SALT swallow assessments and recommendations. The discussions with staff and review of service user care records indicated that they had a good understanding of the needs of individual service users with regards to swallowing difficulties and any modifications to their food and fluid intake.

6.0 Conclusion

Based on the inspection findings and discussions held with the senior support worker, staff and service users, 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.

There were no areas for improvement identified during this inspection.

The inspector would like to thank the senior support worker, service users and staff for their support and co-operation throughout the inspection process.



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