

Inspection Report

8 November 2021



North West Care

Type of service: DCA

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: North West Care	Registered Manager: Mrs Patricia Gyle
Responsible Individual: Mr Philip Stewart	Date registered: 20/11/2020
Person in charge at the time of inspection: Mrs Patricia Gyle	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency which provides personal care and housing support to 262 individuals with care of the elderly, dementia, mental health, physical health and learning disability needs within the Belfast Health and Social Care Trust (BHSCT) area. Service users are supported by 81 staff.	

2.0 Inspection summary

An unannounced inspection took place on 8 November 2021, from 9.45 am to 2pm by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguards (DoL's) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also 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 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 guidance, 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, notifiable incidents and written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with NISCC were monitored by the agency.

During the inspection, we discussed any complaints that had been received and incidents that had occurred, with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users, staff and relatives 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 following comments were received during the inspection:

Service users' comments:

- "They are extremely compassionate, they always do what they are meant to do, I have no problems with them."
- "Some of them are very good, they are grand. I have no problems."
- "The care is alright, I am happy enough, they treat me well and I am quite happy."
- "I am very happy, they treat me with respect. I can phone the office if I have a complaint."
- "I am happy with the service, they are very kind. I am well looked after."
- "I am happy, because they treat me well."

Service users' representatives' comments:

- "No complaints whatsoever. We are beyond happy, they are outstanding and exceptional."

Staff' comments:

- "If I left caring, I wouldn't work for any other organisation. I have no concerns."
- "The last year has been challenging, but good bosses make a difference. I am very happy, a great company to work for."
- "Any issues are dealt with. The training is really good and there is great support from the manager and coordinators."

No questionnaires were returned. No responses were received via 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?

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 16 April 2019; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

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). The Adult Safeguarding Position report for the agency had been completed.

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. A small number of staff had yet to undertake update training in relation to adult safeguarding. It was agreed that the manager would confirm to RQIA that the outstanding training had been completed. The manager confirmed to RQIA by email on 2 December 2021, that this had been completed. We were satisfied that this had been addressed. Review of incidents identified that they had been referred appropriately.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. The manager demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager agreed to liaise with the WHSCT key workers as necessary, to ensure that any DoLS practices are authorised. A DoLS folder was available. Advice was given in relation to including the DoLS Code of Practice in the DoLS folder, for staff to access.

The manager confirmed the agency does not manage individual monies belonging to the service users.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. There was a system in place to ensure that all service users received their calls in keeping with the care plan; a system had also been developed to record and report any missed calls.

5.2.2 Is there a system 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). The review of the records confirmed that training on this was included in the staff induction programme. Advice was given to the manager regarding the Regional Eating, Drinking and Swallowing Difficulties (REDS) recommendations. The manager welcomed this advice and agreed to incorporate this new guidance into supervision sessions, which would be undertaken with the staff.

The manager advised that none of the service users had been assessed by SALT in relation to dysphagia needs.

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, before staff members commence employment and engage 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; this system was reviewed and found to be in compliance with Regulations and Standards.

The manager told us that the agency does not use volunteers or voluntary workers.

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 engagement with service users, service user's relatives, staff and BHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

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.

The manager advised that no staff had raised any concerns under the Whistleblowing procedures.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The agency developed learning alerts in response to any incidents which occurred. This is good practice.

The manager was aware of which incidents required to be notified to RQIA. It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's) Significant Event Analysis's (SEA's) or Early Alert's (EA's).

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Patricia Gyle, manager, as part of the inspection process and can be found in the main body of the report.



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