The Regulation and Quality Improvement Authority

Inspection Report

15 August 2023

53 Ardglass Road

Type of Service: Domiciliary Care Agency
Address: 53 Ardglass Road, Downpatrick, BT30 7PF
Tel No: 028 4461 7110

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 **Responsible Individual:** Ms Roisin Coulter	**Registered Manager:** Mrs Portia Ndlovu **Date registered:** 21 June 2022
Person in charge at the time of inspection: Mrs Portia Ndlovu	
Brief description of the accommodation/how the service operates: 53 Ardglass Road is a domiciliary care agency, supported living type located in Downpatrick. Staff provide 24-hour care and support to a number of service users living in shared accommodation. Service users have a range of enduring mental health issues.	

2.0 Inspection summary

An unannounced inspection took place on 15 August 2023 between 9.40 a.m. and 4.00 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.

Areas for improvement identified related to staff training and the agency's quality monitoring process.

Good practice was identified in relation to service user involvement and the agency's review process.

We wish to thank the manager, service users and staff for their support and co-operation during the inspection process.

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 any previous areas for improvement identified, 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.

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

- "Good, staff help with meals. Staff help with cleaning."
- "I speak to staff if not happy."
- "I get out and about to football and Mindwise."
- "I go with the staff to the shop."
- "Staff are good and I like it here."
- "Nice place, people I live with are nice."
- "No problem; talk to staff, all good."

Staff comments:

- "I love working here, it is very rewarding; I have worked with a number of the service users before."

- “Great staff, the manager is supportive. I have no concerns.”
- “Service users have choice; we encourage them to be independent.”
- “Love it, been supported to do my nurse training.”
- “I am well supported; the manager is great.”
- “No concerns.”
- “Service users have choice; they are well looked after.”
- “We can raise concerns.”

No questionnaires were returned. There were no responses to electronic survey.

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 7 July 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 7 July 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 12 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person must ensure that staff are trained for their roles and responsibilities. Ref: 5.2.1	**Not met**
	Action taken as confirmed during the inspection: It was noted that a number of staff training updates were outstanding. This area for improvement was assessed as not met and is stated for a second time.	
Area for improvement 2 **Ref:** Standard 8.11 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person monitors the quality of services in accordance with the agency’s written procedures and completes a monitoring report on a monthly basis. Ref: 5.2.6	**Partially met**
	Action taken as confirmed during the inspection: The manager described the process in place for monitoring the quality of the services. However, the quality monitoring reports were not retained by the agency and were not	

	available for inspection. They were forwarded to RQIA on 18 August 2023. This area for improvement has been assessed as partially met and is stated for a second time.	

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).

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.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. It was noted that a number of staff were required to complete Adult Safeguarding training. An area for improvement has been identified and is subsumed into the area for improvement recorded in 5.1.

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 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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. 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. There was also evidence of regular contact with service users and their representatives as appropriate.

It was noted that a small number of staff need to complete a training update in relation to medicines management. An area for improvement has been identified and is subsumed into the area for improvement recorded in 5.1. 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 (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.

It was noted that a small number of staff need to complete appropriate DoLS training appropriate to their job roles. An area for improvement has been identified and is subsumed into the area for improvement recorded in 5.1. The manager reported that none of the service users were subject to DoLS.

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 discussions with service users, it was good to note that they had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- Human Rights
- Fire Safety

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

The manager advised that none of the service users had swallowing difficulties or a SALT assessment in place. It was noted that a small number of staff needed to complete training in Dysphagia. An area for improvement has been identified and is subsumed into the area for improvement recorded in 5.1.

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. There was evidence that checks were made by the manager on a monthly basis to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. A spot check completed during the inspection indicated that staff were appropriately registered.

The manager advised that there were no volunteers 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 structured, induction programme lasting at least three days which also included shadowing of a more experienced staff member.

The agency has a process for maintaining a record for each member of staff of training, including induction and professional development activities undertaken; however, it was noted that the agency's training matrix was required to be reviewed and updated to accurately reflect training completed. Area for improvement has been identified.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

The manager advised that there was a process in place for monitoring the quality of the services provided, however it was noted that a copy of the reports developed were not retained by the agency or available for inspection. During the inspection the manager requested that the reports be forwarded from the senior manager; these were forwarded to the inspector on 18 August 2023. An area for improvement made at the previous inspection has been assessed as partially met and is stated for a second time. The area for improvement relates to a copy of the quality monitoring reports being retained within the agency.

A review of the reports of the agency's quality monitoring provided to RQIA following the inspection 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.

The Annual Quality Report was reviewed and was satisfactory.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The manager advised that no complaints were received since the last inspection.

The Statement of Purpose required updating with RQIA's contact details. The manager was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The manager submitted the revised Statement of Purpose to RQIA within two weeks of the inspection.

There is a system in place whereby service users have consented to staff entering their room with a master key in the event that they are unable to gain access. We discussed with the manager the benefits of having a procedure in place for staff to follow in the event that they are unable to gain access to the home of a service user.

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 Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	0	3*

* the total number of areas for improvement includes xxx that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with Mrs Portia Ndlovu, 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 Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 12 **Stated:** Second time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person must ensure that staff are trained for their roles and responsibilities. This relates specifically to Adult Safeguarding, Dysphagia, DoLS, and Medicines Management training. Ref: 5.1; 5.2.1; 5.2.3
	Response by registered person detailing the actions taken: 100% of permanent staff are currently trained in Adult Safeguarding and 53% of bank staff. 86% of permanent staff are trained in Dysphagia and 35% of bank staff. 64% of permanent staff are trained in Medication Competency and 18% of bank staff Staff will be 100% compliant with Mandatory Training within a 6 week period, 13/11/23. The Induction of Bank Staff will be reviewed to focus on training within 3 days.
Area for improvement 2 **Ref:** Standard 8.11 **Stated:** Second time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. Copies of the monitoring reports should be retained within the agency and available for inspection. Ref: 5.1; 5.2.6
	Response by registered person detailing the actions taken: A handwritten copy of the report will be retained within the facility and scanned to the Monitoring Officer's email account. The typed report will be returned to the Manager/ Responsible Person within 5 working days.

Area for improvement 3 **Ref:** Standard 12.7 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that staff training records are kept up to date and accurately reflect the training completed by individual staff members. Ref: 5.2.5
	Response by registered person detailing the actions taken: An electronic training record is now available within a shared Supported Living Folder. Staff have access to update their own record with oversight via the Registered Manager. The record will be checked at every supervision session and a minimum of monthly by the Registered Manager. The record has a colour coded alert system to advise of training to be updated.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA