

Inspection Report

7 July 2022



53 Ardglass Road

Type of Service: Domiciliary Care Agency
Address: 53 Ardglass Road, Downpatrick, BT30 7PF
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Mrs Portia Ndlovu
Responsible Individual/s: Ms Roisin Coulter	Date registered: 21/06/2022
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 services 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 7 July 2022 between 10.00 a.m. and 3.00 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), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

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, the management of incidents, complaints and safeguarding. It was noted that the manager had implemented a number of robust processes within the agency to support them with governance and oversight.

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.

Information was provided to service users, 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:

- "I love it here, I have no problems. All is good. The manager and the staff they help me."
- "I talk to the staff if I am worried."
- "I am out and about down the town."
- "I can do what I want and I can manage my own money."
- "This is a home from home. I was the first one through the door when it opened."
- "Staff are great and I can do what I want."
- "I go out all the time, I have my own car."
- "Wouldn't want to move out, the staff help me on my down days."

Staff comments:

- "I love it here. We encourage the service users to go and do activities they want and encourage them to try new things."

- “We are here to make their lives better. The service users have choice and are well looked after.”
- “This is a lovely relaxed place.”
- “I feel really supported.”

No questionnaires were returned. No staff responded 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 the 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. An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

The last care inspection of the agency was undertaken on 31 March 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 DOH’s regional policy and clearly outlined the procedure for staff in reporting concerns.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding 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 identified that a number of staff are required to complete a training update. An area for improvement was identified.

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 adult safeguarding team in relation to adult safeguarding. A review of records indicated 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 manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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, in line with the commissioning trust's requirements.

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. It was identified that a number of staff are required to complete a training update in relation to medicines management. An area for improvement is identified and is subsumed into the area for improvement identified above.

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.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the current 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 reviewing service users' care records and through discussions with service users, it was good to note that service users 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 participate 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.

5.2.3 What are the systems 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). Whilst none of the service users had swallowing difficulties, the manager was aware that training in Dysphagia could be accessed, if required in the future. A review of training records confirmed that staff had completed Basic Life Support training which included information on how to respond to choking incidents.

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 the Northern Ireland Social Care Council (NISCC), the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager on a monthly basis. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager stated 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 a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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

Discussions with the manager and a senior manager identified that there were monitoring arrangements in place, however it was identified that a report had not been completed on a monthly basis. A review of the reports available established that there was engagement with service users, 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. We discussed that need to ensure that a report of the review of the quality of the service provided is completed on a monthly basis and retained in the agency. An area for improvement was identified.

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The Statement of Purpose (SOP) required to be updated to include RQIA's contact details. The manager agreed to update the SOP and this will be reviewed at the next inspection.

6.0 Conclusion

Based on the inspection findings, two areas for improvement were identified. Despite this, RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 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	2

Areas for improvement and details of the QIP were discussed with Portia Ndlova, 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	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person must ensure that staff are trained for their roles and responsibilities.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Digital training matrix has been commenced to ensure managers close monitoring</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: Monthly monitoring reports has commenced and reports being kept on the scheme.</p>

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