

Inspection Report

15 October 2024



Peacehaven Care Services Ltd Domiciliary Care Agency

Type of service: Domiciliary Care Agency
Address: 65 Leitrim Road, Hilltown, BT34 5XS
Telephone number: 028 4063 2526

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: Peacehaven Care Services Ltd	Registered Manager: Miss Mary Helen O’Hanlon
Responsible Individual: Miss Mary Helen O’Hanlon	Date registered: 22 June 2009
Person in charge at the time of inspection: Janine Porter	
Brief description of the accommodation/how the service operates: Peacehaven Care Services Ltd, Domiciliary Care Agency is based in Co-Down and provides a range of personal care, social support and sitting services to 42 people living in their own homes. Service users have a range of needs including physical disability, learning disability, older people over 65 years and mental health care needs. Their services are commissioned by the Southern Health and Social Care Trust (SHSCT). Service users are supported by 28 staff which includes the manager and assistant manager.	

2.0 Inspection summary

An announced inspection took place on 15 October 2024 between 1.00 p.m. and 4.35 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 was also reviewed.

An area for improvement identified related to the quality monitoring process.

Good practice was evident in relation to service user and family involvement.

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 staff survey.

4.0 What did people tell us about the service?

During and following the inspection we spoke with a number of relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' relatives' comments:

- "They treat my relative with real respect."
- "I have had no problems since the day they walked in."
- "We are very happy; it has been a blessing."
- "They are very professional."

Staff comments:

- "We know how we would like our families treated so we have a high standard."
- "I feel we have ample time for our tasks."
- "I would have no qualms in reporting poor conduct."
- "We are definitely well supported; any problems Janine is on the ball."

There were no returned questionnaires and 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 the last inspection?

The last care inspection of the agency was undertaken on 17 May 2023 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 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 person in charge 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. 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. Discussions and a review of records confirmed that these had been managed appropriately.

Service users' relatives 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 person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency before care delivery commenced and the agency had requested this training from the HSC Trust.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

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.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge 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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS.

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 and their relatives 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 services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

The agency completed a comprehensive quality survey as part of the annual report and some of the comments received from service users included:

- "I value the carers and the duties they do for me"
- "Professional and reliable service."
- "Friendly helpful staff."

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

No service users have been assessed by SALT and no recommendations provided or required. A review of training records confirmed that staff had completed training in Dysphagia, the inspector noted that some staff had not completed training in how to respond to choking incidents. This was discussed with the person in charge who

agreed to ensure all staff would have this training as soon as possible. The manager later confirmed to RQIA that all staff had completed training in 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) or 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. The inspector noted that the reference form for a recently recruited staff member was undated. The person in charge agreed to amend the reference request form to include the date of completion; this matter will be reviewed at a future inspection.

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 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.

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

Review of governance records confirmed that while monitoring visits and reports had been completed they were not detailed. The information recorded was scant and did not represent a thorough or verifiable review of working practices or engagement with stakeholders.

An area for improvement was identified in this regard.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints had been received since the last inspection.

The Statement of Purpose required updating with RQIA's contact details. The person in charge agreed to submit the revised Statement of Purpose to RQIA within two weeks of the inspection. This was received and was satisfactory.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

It was evident that there was a procedure in place for staff to follow in the event that staff were unable to gain entry to a service users home.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Janine Porter, person in charge. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1

Ref: Regulation 23(1)(2)(a)(b)(i)(ii)(4)(5)

Stated: First time

To be completed by: Immediate and ongoing

The (1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—

(a) arranges the provision of good quality services for service users;

(b) takes the views of service users and their representatives into account in deciding—

(i) what services to offer to them, and

(ii) the manner in which such services are to be provided; and

(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.

(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.

(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.

Ref: 5.2.6

Response by registered person detailing the actions taken:

Peacehaven Care Agency contact or service users on a monthly basis to establish their view on the quality of the service provided, which forms part of a monthly report and is also recorded in the service users records. As discussed during the inspection, we will include the additional items requested in the report. The agency also sent out annual quality assurance questionnaires to all our service users in September 2024.



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