The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Antrim Community Services**

Provider: **Northern HSC Trust**

Date of Inspection: **14 November 2024**

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:	Northern Health and Social Care Trust
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Mrs Margaret Alexandra (Sandra) Kane
Service Profile: Antrim Community Services is a Northern Health and Social Care Trust (NHSCT) domiciliary care agency, which provides personal care, practical and social support to 143 service users living in their own homes. Service users are supported by 67 staff.	

2.0 Inspection summary

An unannounced inspection took place on 14 November 2024 from 9.20 a.m. to 4 p.m. by a care Inspector

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 2 June 2023; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency setting, such as obtaining up to date risk assessments and care plans; monthly quality monitoring processes; training; staffing levels of office-based staff; and the management of daily notes.

Service users and their representatives generally spoke positively regarding the care and support. However, there was some dissatisfaction expressed, which indicated that they may not have been aware how to raise concerns with the agency's manager. Refer to Section 3.2 for more details.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those in receipt of care provided by the agency staff and those working for the agency. We also review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the agency

Through actively listening to service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users' representatives and received mixed responses. A number spoke in positive terms about the care workers. Comments included that the 'girls were lovely and you couldn't get better'. Another service user's relative described the care workers as 'fantastic …. brilliant …. and fabulous'. However, a number of service users' representatives told the inspector that they were dissatisfied with some elements of care provision. It was evident from speaking with the service users' representatives that they were not aware of the complaints procedure. One example provided illustrated that the care workers were not always aware of the service user's communication difficulties. These comments were relayed to the manager for review and action as appropriate.

We also spoke with a number of staff to seek their views of the delivery of care and the managerial arrangements. Despite having experienced a significant period of being short staffed, the office-staff consulted with spoke very positively in regard to the care delivery and stated that this was 'always their priority'. It was evident that they had a good knowledge of the service users' needs and that they did their best to ensure that each service user received their calls, in keeping with the care plan.

The information provided indicated that there were no concerns in relation to the delivery of care to service users.

We did not receive any responses from the staff online survey or questionnaires.

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 2 June 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 21 (1)(c)	The registered person shall develop and implement a system to ensure that records are retrieved from the service users' homes in keeping with the agency's policy and procedure; this relates to completed daily notes, in addition to the full care records of discontinued packages of care; records pertaining to this process should be retained.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for the second time.	
Area for improvement 2 **Ref:** Regulation 8 (3)(c)	The registered person shall ensure that pre-employment checks are satisfactorily carried out and references received for all staff before they commence employment.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 9.1	The registered person shall ensure that the moving and handling policy and training content are reviewed and implemented, to ensure that they are explicit in relation to the types of equipment included in the practical training; direction for staff on the process to follow in the event of a deterioration in a service users' ability to weight bear; and the decision making around re-commencing the use of equipment, when the service users' condition improves.	**Met**

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 12.4	The registered person shall ensure that all staff view the NHSCT DVD relating to how to respond to choking incidents.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard 12.1	The registered person shall ensure that records pertaining to care worker induction are retained.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 **Ref:** Standard 15	The registered person shall ensure that records relating to complaints and adult safeguarding are retained centrally.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for the second time.	

3.4 Inspection findings

3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

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

The majority of training elements had been undertaken and it was positive to note that compliance with training is monitored as part of the governance and managerial systems (accountability meetings). However, the mandatory training did not include specific elements such as Stoma care and Diabetes awareness. Given that a number of the service users may require assistance with their Stoma care, it is important that staff have training in this regard. Additionally, whilst the healthcare workers were not required to administer any insulin or check service users' blood levels, it is important that they can recognise the signs of hypo/hyper glycaemia. An area for improvement has been identified.

There was no evidence of any staff shortages in Home Care Workers (HCWs) roles.

Whilst there was no evidence in care runs being short staffed, there was evidence that a number of staff who were primarily office-based, had been short staffed for a significant period of time. This is further discussed in section 3.4.2 below.

3.4.2 Management of Care Records

The agency had a number of staff who were primarily office based. Home Care Officer's (HCO) and Allocation Officer (AO) roles were noted to be significantly short staffed for an extended period of time. This meant that that the office-staff regularly fulfilled more than one role simultaneously. The Domiciliary Care Locality Support Manager also fulfilled the role of the HCO and AO, on a regular basis; as well as fulfilling their own role, which was split between Antrim Community Services and another registered domiciliary care agency. Whilst the staff spoken with acknowledged the support provided from the Trust senior management team, there was evidence that the staffing shortages had resulted in them not being able to retrieve the completed daily notes from service users' homes and there were a significant number of care records that had not been retrieved when service users care ceased, as previously detailed in section 3.3. RQIA views this as being indicative of the ongoing office-staffing arrangements. An area for improvement previously stated has been stated for the second time in this regard. A new area for improvement has also been identified to ensure that the staffing levels are kept under review.

Additionally, it was noted that daily notes were not being returned on a regular basis and it was evident that the timeframe of when notes were returned, ranged between three and 12 months. This impacted on the HCO's ability to audit the records in a timely manner. Advice was given in relation to developing a smaller daily notes booklet for use in smaller packages of care. An area for improvement has been identified.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Care plans were in place to direct staff on how to meet the service users' needs. However, review of records identified that a significant number of risk assessments were out of date. Risk assessments such as Speech and Language Therapy (SALT) assessments, Bedrail risk assessments and Moving and Handling risk assessments were significantly out of date. Care plans were also noted to be out of date.

Whilst there was a system in place to track the dates these records were due to be renewed, these were not forthcoming when requested from the service users' Trust' representative. Subsequent follow up was not evidenced and RQIA views this also as being indicative of office-staff fulfilling concurrent roles within the agency. An area for improvement has been identified.

It was noted that the care plans had not been signed by the service users or their representatives. However, Trust' representatives had signed, in lieu of the service users. The manager had commenced a system for tracking this matter, to ensure that this does not become custom and practice.

3.4.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Ms Margaret Alexandra (Sandra) Kane has been the Registered Manager since 12 July 2022; and she is also the Registered Manager of another registered domiciliary care agency. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

There were monthly quality monitoring arrangements in place in keeping with the Regulations. Review of the monthly quality monitoring reports established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of individual service user care records; accident/incidents; complaints: safeguarding matters; staff recruitment and training, and staffing arrangements. However, elements of the previous RQIA Quality Improvement Plan had not been actively reviewed. For instance, there should have been evidence of progression towards compliance with the retrieval of the daily notes and the notes of ceased packages of care, as previously mentioned; and the need for adult safeguarding records to be retained centrally had evidently not been reviewed.

Additionally, whilst individual care records had been reviewed as part of the quality monitoring visits, there was no evidence of discussion within the reports, regarding the number of risk assessments that were out of date. For example, there were seven out of eight bedrail risk assessments out of date; two out of five SALT assessments were out of date; and 27 Moving and Handling risk assessments were out of date. 38 care plans were also out of date.

These were discussed with the manager who explained that these elements were not monitored as part of the manager's accountability meetings with Trust senior management because the responsibility for formulating these risk assessments and care plans lay with the Trust community services team. Whilst RQIA acknowledges this, it is the responsibility of the agency to ensure compliance with the Regulations and Standards. An area for improvement has been identified to address the above matters.

Discussion with the manager and a review of records identified that all incidents had been managed appropriately. However, it was identified that the incidents had not been categorised accurately, in terms of the name of the agency. This meant that it was difficult to ascertain which incidents had occurred in Antrim Community Services and those that had occurred in the other registered domiciliary care agency, also managed by the manager. Once highlighted, the manager welcomed this advice and agreed to address this matter, with all staff who have responsibility for recording incidents. This will be followed up at future inspection.

It was positive to note that any missed calls were accurately recorded as such. RQIA is aware that the Trust senior management team are in the process of developing the Service Disruption Procedures, to ensure that the required data in respect of missed calls is recorded and available for inspection; this will be followed up, as appropriate, at a future inspection.

The manager welcomed advice regarding adding in additional columns to the service users' template (the A-Z), that would include more information regarding any service users' critical care needs; and would assist all office staff in prioritising service users calls, in the event of any service disruptions.

The manager had notified RQIA appropriately of any incidents which are required to be notified in keeping with regulation.

The Northern Ireland Social Care Council (NISCC) register was checked on a monthly basis, to ensure that all staff remained registered.

Staff told us that they would have no issue in raising any concerns and that they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Margaret Alexandra (Sandra) Kane, 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 Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 21 (1)(c) **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall develop and implement a system to ensure that records are retrieved from the service users' homes in keeping with the agency's policy and procedure; this relates to completed daily notes, in addition to the full care records of discontinued packages of care; records pertaining to this process should be retained. Ref: 3.3 and 3.4.2
	Response by registered person detailing the actions taken: A process is in place to ensure all service user records are retrieved from service users homes. Full adherance to this process had been hindered in the last 12 months due to limited availability of office staff, due to long term absences and challenges with recruitment to temporary posts. All documentation going forward will now be retrieved as soon as possible after the service has been discontinued and within agreed timeframes as per proceedure. The registered manager has developed an action plan to retrieve outstanding records, In all circumstances were it has been impossible to collect service user records an incident report will be completed.
Area for improvement 2 **Ref:** Regulation 15 (2) (a)(b)(c) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that care plans are up to date; and that risk assessments are up to date; this relates specifically to SALT assessments; Bedrail Risk assessments; and moving and handling assessments. Ref: 3.4.2
	Response by registered person detailing the actions taken: A system has been put in place to alert professional staff responsible for updating care plans and risk assessments in a timely manner. All copies of communication with named professionals will be filed in Service user records going forward. Information will be sent to Named Workers on a monthly basis and escalated to Senior Management should returns not be received.

Area for improvement 3 **Ref:** Regulation 23 (2)(c) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the monthly quality monitoring reports detail progress towards compliance on areas for improvement identified in the RQIA QIP; the reports should also examine the numbers of risk assessments and care plans that are out of date; and the reports shall be submitted to RQIA on the 5th day of every month until further notice. Ref: 3.4.3
	Response by registered person detailing the actions taken: This Area for improvement has been discussed with the newly recruited area manager. Details to be reviewed, discussed during the quality monitoring visit and updated on the report the progress and actions to take. Quality monitoring reports will be sent to RQIA monthly as requested.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 15 **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that records relating to complaints and adult safeguarding are retained centrally. Ref: 3.3
	Response by registered person detailing the actions taken: Records will be retained in an Adult Safeguarding file within the Antrim Office.
Area for improvement 2 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that staff receive awareness training in respect of Diabetes Awareness and Stoma care training should be provided to staff who attend service users who have a stoma in place. Ref: 3.4.1
	Response by registered person detailing the actions taken: Stoma care training is already in place and completion of this will now be added to the Training A-Z spread sheet. The suggestion for Diabetes Awareness training has been discussed with Senior Management re sourcing and implementation. This will be discussed further with Diabetic Nurse Specialist and Social Care Training Team, to assist in the development of a suitable educational resource. Once appropriate resource agreed, ensuring remaining within the scope of practice/knowledge required for a socail care worker in home care, an implementation plan will commence.

Area for improvement 3 **Ref:** Standard 8.6 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the staffing levels for those who are primarily office-based, are reviewed on an ongoing basis, given that these staff support and promote the delivery of quality care services. Ref: 3.4.2
	Response by registered person detailing the actions taken: Staffing levels are reviewed daily in each office, to assist with temporary cover to ensure delivery of safe services. Recruitment Due to recruitment challenges this can be a long protracted process, some of which we have limited control over as managed by a 3rd party organisation BSO. A recruitment exercise has recently been completed and this should result in all office based perminant vacancies being filled in the next few months. Further recruitment exercises will be organised as necessary to ensure healthy waiting lists are maintained.
Area for improvement 4 **Ref:** Standard 8.10 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that smaller daily notes booklets are developed for use in smaller packages of care; this will enable more frequent auditing of these records. Ref: 3.4.2
	Response by registered person detailing the actions taken: The daily record notes are ordered through a printing company. Discussions to reduce the amount of pages in the book has been discussed with senior management and will be explored further in relation to smaller books. In the interim retrieving records in line with audit process will not be delayed, book will be retrieved before completion.

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