The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Ballymena Community Services**

**Provider:** **Northern HSC Trust**

**Date of Inspection:** **6 January 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Organisation/Registered Provider:** | Northern Health and Social Care Trust |
| **Responsible Individual:** | Ms Jennifer Welsh |
| **Registered Manager:** | Ms Margaret Alexandra (Sandra) Kane |
| **Service Profile:**<br>Ballymena Community Services is a Northern Health and Social Care Trust (NHSCT) domiciliary care agency, which provides personal care, practical and social support to 258 service users living in their own homes. Service users are supported by 85 staff. | |

## 2.0 Inspection summary

An unannounced inspection took place on 6 January 2025, from 9.30 a.m. to 4.10 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 8 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 in relation to the effectiveness and oversight of certain aspects of the agency setting's governance and management, such as recruitment practices, monthly quality monitoring, staff training and the management of complaints. Staffing contingency and the need for smaller daily notes booklets were also identified as areas for improvement.

Service users and their representatives generally spoke positively regarding the care and support. Refer to Section 3.2 for more details.

As a result of this inspection six of the seven areas for improvement previously identified were assessed as having been addressed by the provider. One area for improvement relating to the retrieval of daily notes/care records from the service users' homes has been stated for the second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## 3.0 The inspection

## 3.1 How we Inspect

RQIAs 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 service and their quality of life

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 and their representatives. A number spoke in positive terms about the care workers. Comments included that the home care workers were 'more than good'. One service user told the Inspector that they referred to the home care workers as her 'angels'. Another service user's relative praised the home care workers for letting them know if their father, who lived alone, needed anything. This would not have been in the service user's care plan; and is commendable.

One relative spoke to the inspector about a particular matter that concerned them; this matter was relayed to the manager, for review and action as appropriate.

## 3.3 Inspection findings

### 3.3.1 Management of Care Records

The agency had a number of staff who were primarily office based. The Allocation Officers (AOs) role is to manage the Home Care Workers (HCWs) rotas. The Domiciliary Care Locality Support Manager's (DCLSM) role was divided between Ballymena Community Services and another registered domiciliary care agency. However, due to staffing shortages within the other registered service, the DCLSM was noted to be working primarily in that service.

The role of the Home Care Officers (HCO) was impacted upon due to a number of long term absences of their colleagues. They were required to cover priority matters which limited their availability to retrieve the completed daily notes from service users' homes. Additionally, there were a significant number of care records that had not been retrieved from service users' homes, when the service users care package ceased.

It was noted that the 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 11 months. This impacted on the HCO's ability to audit the records in a timely manner. Review of the daily notes identified a number of calls that were shorter than the commissioned time. Additionally, the review of records identified a number of missing entries in the daily notes. It was unclear whether or not they were 'missed' calls or whether these were omissions in record keeping. The inspector was informed that a service user missed one call for an extended period of time and this matter was not identified in a timely manner. Whilst appropriate action was taken by the manager when this matter was identified, RQIA is of the view that had the daily notes been returned in a timely manner, this would have been identified sooner. This area for improvement was not met and has been stated for the second time.

There was also evidence that updated care plans were not consistently prioritised for delivery to the service users' homes in the absence of allocated HCO. RQIA views this as being due to the lack of a staffing contingency plan for office-based staff. This was discussed with staff and the manager during the inspection who welcomed this advice. An area for improvement has been identified.

Advice was given in relation to developing a smaller booklet for daily notes 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. These matters were discussed with the manager, who was able to evidence follow up with the service users' keyworkers in this regard. These matters will be reviewed at a future inspection.

Discussion with the manager also identified that the care plans had not been consistently signed by the service users or their representatives and that 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.

### 3.3.2 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 generally completed and verified before staff members commenced employment and had direct engagement with service users.

However, it was identified that AccessNI checks had not been undertaken consistently on staff who had transferred to Ballymena Community Services by way of an internal staff transfer/medical redeployment. An area for improvement has been identified.

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 Home Care Workers were not required to administer any insulin or check service users' blood levels, it is important that they can recognise how patients may present if they are unwell. An area for improvement has been identified.

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

There was no evidence that the home care workers delivering the care calls were short staffed; however, as discussed previously, there was evidence that a number of staff who were primarily office-based were short staffed with no imminent date for these staff to return.

### 3.3.3 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 20 June 2022; she is also the Registered Manager of another registered domiciliary care agency. Staff commented positively about the manager and described the positive working relationship they had.

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 QIP 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, rather than referencing the system that had been implemented. This information is available in a spreadsheet held by the agency (the service users A-Z) and would provide the quality monitoring officer with a higher level oversight of the records. An area for improvement has been identified.

Additionally, whilst individual care/staff records had been reviewed as part of the quality monitoring visits, there would be more value in the monitoring officer commenting on the overall compliance levels, rather than commenting on a small number of records. For instance, information pertaining to renewal due dates for a number of risk assessments and care plans were available on the service users A-Z spreadsheet. Staff compliance information was also similarly available on a staff A-Z spreadsheet. Review of this information would provide a higher level overview of compliance in most regards, within the monthly monitoring reports.

Discussion with the manager and a review of records identified that all incidents had been managed appropriately.

Whilst there was evidence that complaints had been investigated, there was no evidence that an acknowledgement or outcome response had been sent to a complainant. This was discussed with the manager, who advised that a response had not been sent in this instance, as consent had not been obtained from the complainant. This would not be in keeping with good practice and/or the Minimum Standards. The manager was also advised to retain a complaints system centrally, to ensure that all records pertaining to complaints are available for inspection. An area for improvement has been identified.

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 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 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 |
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| **Total number of Areas for Improvement** | 4* | 3 |

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms 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) 2007**

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| **Area for improvement 1**<br><br>**Ref:** Regulation 21 (1)(c)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>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.<br><br>Ref: 3.3 .1 |
| | **Response by registered person detailing the actions taken:**<br>A process is in place to ensure all service user records are retrieved from service users home. Full adherance to this process had been hindered recently due to reduced availability of Office staff, due to vacancies and long term absence. A contingency plan has been discussed with Home care Officers at team meeting. 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 (DATIX) will be completed. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13 (d)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate from the date of the inspection | The registered person shall ensure that AccessNI checks are undertaken on all staff regardless of whether or not they commenced employment in Ballymena Community Services via internal Trust transfer/medical redeployment arrangements.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken**:<br>This applied to one person currently employed In Ballymena,who had been employed by Internal transfer. Human Resources (HR) have been contacted and a second up to date Access NI requested. Going forward all staff who require an Access NI check for the job role within the home care service will have an Access NI check completed prior to commencing post, including an up to date Access NI check if recruited through internal transfer. |

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| **Area for improvement 3**<br><br>**Ref:** Regulation 23 (2)(c)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate from the date of the inspection | The registered person shall review the system for assessing the quality of care and service provision, to ensure that the RQIA Quality Improvement Plan is meaningfully reviewed as part of the monthly quality monitoring visits; consideration should also be given to utilising the data on the service users and staff spreadsheets (the A-Z) that would provide the monitoring officer with higher level oversight of the service; and support the priority actions required.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken**: This area for improvement has been discussed with the newly recruited Area Manager. During monitoring visits the A-Z spreadsheets will be utilised to assist with the planning of actions to be taken forward. The RQIA Quality Improvement Plan progress, will be included in action plan from each monitoring visits. |
| **Area for improvement 4**<br><br>**Ref:** Regulation 22(8)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate from the date of the inspection | The registered person shall ensure that all records pertaining to complaints are retained within the registered office and retained centrally; this includes any complaints about the service that have been received by the Trust complaints department.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken**: The Northern Health & Social Care complaints department hold central records of all formal complaints, including all consent forms ( required to progress the complaint) and communicated responses. The Resgistered manager recieves a copy of the complaint and the final responses signed by the Divisional Director. Going forward the registered manager will hold an office file with copies of complaints and responses applicable to the agency. |
| **Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 9.1<br><br>**Stated:** First time<br><br>**To be completed by:** | The Registered Person shall develop and implement a contingency plan for staffing shortages/arrangements; this relates particularly to how tasks are prioritised and allocated in the absence of DCSLM, HCO and AO roles.<br><br>Ref: 3.3.1 |

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| Immediate from the date of the inspection | **Response by registered person detailing the actions taken:**<br>This has been discussed with all staff and contingencies are now in place. Plans will vary depending on the given situation based on level of risk and priority. In the absence of DCLSM, HCO and AO roles the Registered manager will coordinate and delegate the plan of action.<br>Vacancies leading to the recent staff shortages have also been filled. |
| **Area for improvement 2**<br><br>**Ref:** Standard 8.10<br><br>**Stated:** First time | The registered person shall ensure that smaller booklets for daily notes are developed for use in smaller packages of care; this will enable more frequent auditing of these records.<br><br>Ref: 3.3.1 |
| **To be completed by:**<br>Immediate from the date of the inspection | **Response by registered person detailing the actions taken:**<br>The daily record notes are ordered through a printing company. Costings have been received for printing smaller books, approval for ordering to be confrimed. In the Interim retrieving records in line with audit process will not be delayed, due to the amount of pages in a book, records will be retrieved before book completed in line with current audit process. The registered manager will monitor and address adherance to this with appropriate staff. |
| **Area for improvement 3**<br><br>**Ref:** Standard 12.4<br><br>**Stated:** First time | The registered person shall ensure that the Induction process is further developed to ensure that it includes awareness information pertaining to Stoma care; and Diabetes awareness.<br><br>Ref: 3.3.2 |
| **To be completed by:**<br>Immediate from the date of the inspection | **Response by registered person detailing the actions taken:**<br>Home care Officers have been asked to complete Stoma training on Learn HSCNI. Stoma care training is currently provided to all home care workers supporting Service Users with Stoma care, this will be added to the training register for all staff who have attended. At the start of Mach 2025, Stoma care training has been further developed for home care staff in partnership with senior management and the Trusts Stoma nurses and will be rolled out in the in the coming months. All training completed will be added to the Home Care Worker spread sheet.<br>Diabetes awareness for home care staff is in the development stage. |

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