

# Inspection Report

2 September 2024



## Trust Domiciliary Service – Banbridge and Craigavon

Type of service: Domiciliary Care Agency  
Address: Banbridge Health and Care Centre, Old Hospital Road,  
Banbridge, BT32 3GN  
Telephone number: 028 4062 0465

[www.rqia.org.uk](http://www.rqia.org.uk)

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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

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| <b>Organisation/Registered Provider:</b><br>Southern Health and Social Care Trust  | <b>Registered Manager:</b><br>Mr Ronald Cartwright |
| <b>Responsible Individual:</b><br>Dr Maria O’Kane  | <b>Date registered:</b><br>19 February 2024        |
| <b>Person in charge at the time of inspection:</b><br>Mr Ronald Cartwright   |  |
| <b>Brief description of the accommodation/how the service operates:</b><br><br>This is a domiciliary care agency which provides personal care to adults and children who have physical health conditions or disabilities, learning disability, mental health or dementia needs within the Southern Health and Social Care Trust (SHSCT). |  |

## 2.0 Inspection summary

An unannounced inspection took place on 2 September 2024 between 9.00 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), service user involvement, Restrictive practices and Dysphagia management. and Covid-19 guidance was also reviewed.

No areas for improvement were identified.

## 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 relatives.

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

Comments received included:

##### **Service users' comments:**

- "I am very happy with the service."
- "I wouldn't want anything to be changed."
- "I know how to contact the office."
- "The carers are rarely late."

##### **Service users' relatives' comments:**

- "We are very happy with the service."
- "I find the carers very respectful towards my mother."

No questionnaires were returned.

A number of staff responded to the electronic survey. The responses received were discussed with the manager.

#### **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 18 September 2023 by a care inspector. This was approved by the care inspector and was validated during this inspection.

| Areas for improvement from the last inspection on 18 September 2023   |   |                          |
|---|---|--------------------------|
| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021  |   | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 13 (3)(5)<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>Immediately from the date of inspection | The registered person shall ensure that staff have recorded formal supervision meetings and have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.<br><br>Ref: 5.2.1 | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Supervision and appraisal database and monitoring process viewed   |                          |

## 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).

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.

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 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.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records.

The Mental Capacity Act (MCA) (2016) 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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. 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.

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to 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). There was a system in place for professional registrations to be monitored by the manager.

### **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, induction programme which also included shadowing of a more experienced staff member.

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

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring 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.

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.

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.

There is a system in place that clearly directs staff as to what actions they should take if they are unable to gain access to a service user's home.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Ronald Cartwright, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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