The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Tarasis Support Services**

Provider: **Homecare Support Services Ltd**

Date of Inspection: **18 February 2025**

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:	Homecare Support Services Limited
Responsible Individual:	Ms Mairead Mackle
Registered Manager:	Ms Joanne Murray
Service Profile: The agency provides bespoke support service packages to service users who present with complex needs and high risk. The service is delivered in partnership with HSCT and other multi-agency teams, to support the service users to meet their full potential while living independently.	

2.0 Inspection summary

An unannounced inspection was undertaken on 18 February 2025, between 9.20 am and 1.50 pm 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 examined.

Good practice was identified in relation to service user involvement, care planning, training and recruitment processes. There were good governance and management arrangements in place.

The inspector would like to thank the staff for their help, support a cooperation during the inspection.

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 service 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 service. 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 will seek the views of those using, working in and visiting the service and examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

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.

3.2 What people told us about the service and their quality of life

During the inspection we spoke with staff members working for and within the service. No service users were available at the time of inspection, however a number of service user/relatives questionnaires were distributed as part of the inspection to obtain their views on the support provided by this service.

The information provided indicated that the service users felt very satisfied that the care they received was safe, effective, that staff were compassionate and that the management of the care was well led. There were no concerns highlighted within the returned questionnaires in relation to the care within the agency. One Service User commented: “My care is excellent - I could not ask for anything more.”

Two staff members who spoke with the inspector advised that the training and support they received from the manager was very good and that they felt the service users were treated very well.

One HSC professional provided feedback after the inspection that communication with the service was very good and that the outcome for a service user who had been with the service was positive.

3.3 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 14 September 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 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's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager 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. A review of records confirmed that these had been managed appropriately.

With respect to incidents that had been reported to the Police Service of Northern Ireland (PSNI), it was noted that whilst RQIA had been verbally informed of a recent incident involving PSNI, notifications to RQIA via the web portal had not been undertaken in keeping with the regulations. This was discussed with the registered manager who agreed to rectify this oversight immediately and to ensure that all future notifiable incidents are reported through the appropriate channels within RQIA.

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

3.4.2 Mental Capacity Act and Restrictive Practice

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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS or restrictive practice.

3.4.3 Staff Selection, Recruitment and Induction

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 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. There were no volunteers deployed within the agency.

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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

3.4.4 Staff Training

There was a robust training programme provided to all staff, commensurate with their roles and responsibilities. This included training on challenging behaviour, basic life support, dysphagia and how to respond to choking incidents. There was an electronic system in place to monitor staff training which was checked and updated on a regular basis by the registered manager. There was a system in place to remove staff from shifts until the requisite refresher training had been completed.

All staff had been provided with training in relation to medicines management. Whilst no service users currently required assistance with their medication, the manager was aware of the need to have staff assessed as competent in this area, if this became necessary. The manager reported that none of the service users currently required the use of specialised equipment for mobilising. They were aware of how to source such training should it be required in the future.

There were good systems in place to manage staffing and, on review of the staff rotas, it was evidenced that there were sufficient staff deployed to meet the individualised needs of the service users.

3.4.5 Care Records and Service User Input

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. Consideration was given to the communication needs of service users who were provided with appropriate supports to aid them in expressing their needs in any formal meetings. Reports were made available in a format which best supported service users to fully participate in all aspects of their 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.

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.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated dietary requirements.

3.4.6 Governance & Managerial Oversight

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 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. The registered manager confirmed that no complaints had been received since the last inspection.

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.

Where staff are unable to gain access to a service user's home, the service had an operational policy, procedure or protocol that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Joanne Murray, registered manager, as part of the inspection process and can be found in the main body of the report.

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