Inspection Report

17 May 2024

Home Instead T/A Belfast Care Ltd

Type of service: Domiciliary Care Agency
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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: Belfast Care Ltd **Responsible Individual:** Mr. Roger McLaughlin	**Registered Manager:** Ms. Louise Gillespie **Date registered:** 2 September 2022
Person in charge at the time of inspection: Care Manager	
Brief description of the accommodation/how the service operates: Home Instead T/A Belfast Care Ltd is registered with RQIA as a domiciliary care agency. The agency provides support to 42 mainly elderly adults living in Belfast and the surrounding area.	

2.0 Inspection summary

An unannounced inspection took place on 17 May 2024 between 10.30 a.m. and 2.00 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 and Dysphagia management were also reviewed.

Areas for improvement identified related to recruitment processes, monitoring of staff's professional registration and monthly monitoring reports.

Home Instead uses the term 'clients' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

The inspector would like to thank the person in charge, service users, manager and staff for their help and support throughout the inspection process.

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 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?

As part of the inspection process, we received feedback from a number of service users and staff members.

The information provided indicated that they had no concerns in relation to the agency.

Returned questionnaires indicated that the respondents were satisfied/very satisfied with the care and support provided. Written comments included:

- "We are satisfied with Home Instead staff."

Two questionnaires highlighted issues relating to aspects of the agency's operational procedures. This feedback was discussed with the responsible individual.

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- "Home Instead Belfast is a very warm and welcoming company to work for. Home Instead strive in offering private care in the community. It is so lovely working in a company that make such a difference to our clients. The promise of a minimum of hour long visits, brings great job satisfaction that we get the time to spend with each client and get to know them. The continuity of care of going back to the same clients on a weekly basis is great. Home Instead Belfast are great to work for and provide a high level of training and make me feel really supported."
- "A brilliant company to work for, clients are so well looked after and so are staff."

- "The managers and office staff have been first class in helping me stay on track with my job. They are always there for anything needed. It's been one of the best experiences in my working life with this group of people. The other carers are also so easy to get on with and we regularly get a chance to catch up and chat."
- "From day one with the company, it has been immense. Nothing is too much trouble for the office staff. The level of support from the office is one of the best I have ever had the pleasure to work for. The other carers are great, and so much help. It is just like a big family."
- "The rewards from supporting those who use our services is really important. People so want to remain in their own homes and with the right support they can do so."
- "I feel that clients are treated with respect and that their concerns are listened to. As a staff member I feel supported and encouraged. I know that I can call the office at any time if I need to ask a question or just chat about a concern. Whoever takes my call is always helpful and reassuring. I enjoy working for Home Instead Belfast and I have met many lovely staff and clients. I feel tired at the end of the day but satisfied that, hopefully, I have made a difference to someone's life."

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 4 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). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. Discussion with the person in charge confirmed that these had been managed appropriately.

Service users 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 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).

The person in charge stated there had been no disclosures under the agency's Whistleblowing Policy.

Staff were provided with training appropriate to the requirements of their role. The person in charge reported that none of the service users currently required the use of moving and handling equipment. They were aware of how to source such training should it be required in the future.

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 informed us that staff currently do not support any service users with their medication.

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 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 it was good to note that service users 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.

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

One service user had been 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.

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

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 criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

There was no evidence that an explanation had been sought for any gaps in employment for new staff. An area for improvement has been identified.

In addition, there was no verification in place for new staff as to why, if relevant, they had previously ceased to work with vulnerable adults. An area for improvement has been identified.

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.

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

Evidence could not be provided on the day of inspection that there was a robust system in place for professional registrations to be regularly monitored by the manager. A full correlation of the agency's staff in post with information on the NISCC website had not taken place. An area for improvement has been identified.

There were monitoring arrangements in place in compliance with Regulations and Standards. The reports did not evidence sufficient oversight of the staffs' NISCC registrations or provide month on month, updated detail regarding ongoing quality initiatives within the agency. Therefore, the monitoring arrangements were ineffective in driving the necessary improvements. An area for improvement has been stated.

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

Where staff are unable to gain access to a service user's home, there is a procedure in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have 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	4	0

Areas for improvement and details of the QIP were discussed with Miss Abigail Duffy, person in charge, 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

Area for improvement 1 **Ref:** Regulation 13 (d) Schedule 3.8 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure a satisfactory written explanation is obtained for any gaps in employment. Ref: 5.2.4 **Response by registered person detailing the actions taken:** We currently explore gaps in employment through the applicant curriculum vitae, application forms, and interviews. To further ensure compliance with Regulation 13 (d) Schedule 3.8, the recruitment officer has added an additional step to the process. A new spreadsheet will now document and track employment history gaps, requiring sign-off by both the Registered Person and a recruitment team member. This will reduce human error, improve compliance, and increase accountability.
Area for improvement 2 **Ref:** Regulation 13 (d) Schedule 3.5 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure, where the person has previously worked in a position that involved work with children or vulnerable adults, verification, so far as is reasonable practicable, of the reason why he ceased work in that position. Ref: 5.2.4 **Response by registered person detailing the actions taken**: We believe in thoroughly understanding the reasons behind each applicant's departure, which we investigate both through their application form and during the interview stage. To further strengthen our recruitment process and ensure a thorough review, we have introduced an additional step. Now, both the Registered Person and a dedicated staff member will carefully review and sign off on the reasons for leaving. This measure is especially important for candidates with previous experience working with children or vulnerable adults, reflecting our deep commitment to safeguarding and compliance.
Area for improvement 3 **Ref:** Regulation 13 (d) Schedule 3.7	The registered person shall ensure that a system is developed and implemented to demonstrate robust oversight of staffs' NISCC registrations.

Stated: First time **To be completed by:** Immediate and ongoing from the date of the inspection	**Response by registered person detailing the actions taken**: Our electronic care system includes audits and alerts to notify the Registered Person when a staff member is registered with NISCC. To ensure the highest standards of care and compliance, we have implemented a new process. The Care Manager will conduct a monthly audit on the NISCC portal, and the Responsible Person will also perform an audit during the completion of the monthly monitoring form. These steps are designed to verify staff registrations meticulously, demonstrating our commitment to maintaining a safe workforce.
Area for improvement 4 **Ref:** Regulation 23(2)(a)(4) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that the monthly quality monitoring reports review all records to ensure the provision of good quality services for service users. This is to include a review of the staffs' registrations with NISCC. The reports should also detail the progress of measures taken in order to improve the quality and delivery of the services which the agency arranges to be provided. These actions are to be reviewed at every monitoring visit to drive improvement. Ref: 5.2.6
	Response by registered person detailing the actions taken: Ensuring quality assurance is paramount to us, and we are dedicated to enhancing the effectiveness and efficiency of our monitoring processes. To further improve our monthly quality monitoring reports, we will prioritise regular staff training and actively seek feedback from our clients. Additionally, we will increase the number of clients included in audits and conduct an additional audit when finalising the report. These steps underscore our commitment to continuously improving the care and services we provide.

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