

Inspection Report

25 June 2024



Clanconnel Home Care Limited t/a Home Instead (Banbridge, Newry & Mourne)

Type of service: Domiciliary Care Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Clanconnel Home Care Limited Responsible Individual: Mrs. Una O'Duil	Registered Manager: Ms. Jennifer Speers – Registration pending
Person in charge at the time of inspection: Mrs. Una O'Duil	
Brief description of the accommodation/how the service operates: The agency is a domiciliary care agency, conventional type. The services are provided by personal visits, at agreed times, to meet the needs of the clients and their chosen life style. The visit can vary in length from one hour per day to up to 24 hours, seven days a week, including weekends and holidays.	

2.0 Inspection summary

An unannounced inspection took place on 25 June 2024 between 9.00 a.m. and 12.45 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.

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

Clanconnel Home Care Limited 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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how services 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, relatives and staff members.

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

Comments received included:

Service users' comments:

- "Very happy with service."
- "They couldn't do any more for my relative."
- "The owner came and discussed everything before the service started. The carer has got to know me."
- "Absolutely brilliant."

Service users' relatives' comments:

- "Very happy with the service."
- "Home Instead is a key part of our support network."
- "Thanks for all the care given by Home Instead."

Staff comments:

- “I love it here. It’s great that you are not rushing in and out.”
- “We are changing the face of Aging.”
- “We offer so much more than personal care.”
- “Fantastic management. Very supportive and approachable. They didn’t win the Work Buzz Five Star Employer Award for nothing.”

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 22 August 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings**5.2.1 What are the arrangements for identifying and addressing risks?**

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflected information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the Responsible Individual 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 were confident that management would act on any concerns raised. 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.

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

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.

Staff were provided with training appropriate to the requirements of their role.

The Responsible Individual reported that none of the service users currently required the use of specialised equipment. The service was aware of how to source such training should it be required in the future.

All staff had been provided with training in relation to medicines management. The Responsible Individual advised that no service users currently required their medicine to be administered with a syringe. The Responsible Individual was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The Responsible Individual reported that none of the current service users were subject to DoLS. A resource folder was available for staff to reference.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users and relatives, it was good to note that service users had an input into devising their own plan of care. The Responsible Individual visits all service users and their families prior to the commencement of a service to discuss individual requirements. 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 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users 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.

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 care setting. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe and effective.

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. Staff were familiar with how food and fluids should be modified.

5.2.4 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 inspector noted that the agency had a mock home facility on the premises where "A Day in the Life" immersive training could be carried out with various scenarios used to prepare staff for caring for individuals in their own home and to highlight potential hazards. Staff stated that they found this very useful during induction.

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

All agency staff must maintain their NISCC registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Staff said that they were aware of this requirement.

5.2.5 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 in the agency. 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 both the manager and compliance manager.

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

There were monthly monitoring arrangements in place in compliance with Regulations. A review of the reports of the agency's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives if appropriate. 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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

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 users home, the agency has a policy and procedure in place to direct the actions of staff.

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 Mrs Una O'Duil, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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