

Inspection Report

16 August 2024



North West Care

Type of service: Domiciliary Care Agency

Address: 2nd Floor, Lissan House, Dublin Road, Omagh, Co. Tyrone,
BT78 1HE

Telephone number: 028 8225 1101

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: North West Care and Support Limited	Registered Manager: Miss Carol Doherty
Responsible Individual: Mr Philip Stewart	Date registered: 26 July 2024
Person in charge at the time of inspection: Miss Carol Doherty	
Brief description of the accommodation/how the service operates: North West Care is a domiciliary care agency which provides a range of personal care and support to service users living in their own home. Services are provided across the Tyrone and Fermanagh areas of the Western Health and Social Care Trust (WHST).	

2.0 Inspection summary

An unannounced inspection took place on 16 August 2024 between 11.45 a.m. and 4.20 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 was also reviewed.

An area for improvement identified related to care records and has been stated for the second time.

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

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 staff members.

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

Comments received included:

Service users' comments:

- "We are happy with the service. There are phone numbers in the book left in the house to contact, if I have any concerns. The carers introduce themselves when they come in, and always do their tasks. We have had no missed calls. We are very happy with the service. Everything is going grand."
- "The communication with the service is good. They would ring me if they are going to be late due to traffic. The level of service is very good. If I were to rate the service out of 100, they are above this. They go over and above the level of my needs; they do everything. If I had any concerns, I would ring the manager. I am involved in my care planning. My care plan is reviewed and my needs are met. Their training must be very good, as the care is more than excellent. The carers are outstanding and amazing both male and female."

Staff comments:

- "I believe the service is well led by the manager. They have an open door policy. With the (new Trust system) recently implemented, the times for care calls have been reduced, it has meant the carers sometimes feel rushed. I always introduce myself when I arrive at the house. There are limitless amounts of PPE. I am up to date with my NISCC registration and my mandatory training. If there are any concerns, I would share them with management."
- "The manager is approachable and would listen if I had any concerns. There is good communication between the management and staff. We receive updates on training and the training is effective. There is an examination to test your knowledge at the end of the training

sessions. I am aware of the whistleblowing an adult safeguarding policy. We all work really well together as a team.”

No questionnaires were returned and no responses were received to the electronic survey.

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 September 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last care inspection on 22 September 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 15 (2) (a) (b) (c) Stated: First time	The registered person shall ensure that care plans and risk assessments are updated and clearly specify the service users' needs. Action taken as confirmed during the inspection: This area for improvement was assessed as not met and will be stated for a second time.	Not met

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 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 Health and Social Care (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 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. 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.

A review of two care records identified that the care plans and risk assessments had not been updated to reflect the moving and handling risk assessment. An area for improvement has been identified and is stated for the second time.

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 manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) 2016 (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.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, 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 service 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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. 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?

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. 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 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.

There is a procedure in place that clearly details the actions required by all staff should they be unable to gain access to the home of a service user.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has 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	1*	0

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

The area for improvement and details of the QIP were discussed with Miss Carol Doherty, Registered 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	
Area for improvement 1 Ref: Regulation 15 (2) (a) (b) (c) Stated: Second time To be completed by: Immediate from date of inspection	The registered person shall ensure that care plans and risk assessments are updated and clearly specify the service users' needs. Ref: 5.2.1
	Response by registered person detailing the actions taken: Following the latest inspection, we have reviewed and updated our Risk Assessment and Care plan templates, and it ensures changes that will more clearly specify the service users' needs- including the type of equipment used and the number of staff required to undertake the tasks at each call. All details documented in the Trust risk assessments and care plans will be copied to NWCare care plans and risk assessments to ensure our documentation matches that received from the Trust. The office staff have received training on completion of both updated documents, (care plans and risk assessments) and we have begun to update all existing care plans and risk assessments which will be supervised and kept under review by the Registered Manager.

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA