The Regulation and Quality Improvement Authority

Inspection Report

9 August 2024

53 Ardglass Road

Type of Service: Domiciliary Care Agency
Address: 53 Ardglass Road, Downpatrick, BT30 7PF
Tel No: 028 4461 7110

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: South Eastern HSC Trust **Responsible Individual:** Ms Roisin Coulter	**Registered Manager:** Mrs Colleen Murray **Date registered:** Acting
Person in charge at the time of inspection: Mrs Colleen Murray	
Brief description of the accommodation/how the service operates: 53 Ardglass Road is a domiciliary care agency, supported living type, located in Downpatrick. Staff provide 24-hour care and support to a number of service users living in shared accommodation. Service users have a range of enduring mental health issues.	

2.0 Inspection summary

An unannounced inspection took place on 9 August 2024 between 10.00 a.m. and 4.30 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, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Enforcement action resulted from the findings of this inspection. We identified serious concerns in relation to the safe and effective selection and recruitment of staff.

A meeting was arranged with the Responsible Individual on 29 August 2024 with the Intention to Service One Failure to Comply (FTC) notice in respect of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007; specifically, in relation to Regulation 13 Schedule 3, regarding the fitness of domiciliary care workers supplied by the agency. This meeting was attended by representatives of the Responsible Individual.

Prior to this meeting, RQIA were provided with an action plan. At the meeting, the representatives provided an account of the actions they had taken or would take to ensure the necessary improvements to achieve full compliance with the required Regulation. In addition, a number of time-bound actions were also agreed by the representatives.

During the meeting RQIA were provided with assurances in relation to the concerns identified. On this basis, the decision was made not to serve the FTC Notice in respect of Regulation 13, Schedule 3.

RQIA will continue to monitor and review the quality of service provided in 53 Ardglass Road (RQIA ID: 12104) and may carry out an inspection to assess compliance with this Regulation.

Evidence of good practice was found in relation to engagement with service users, the provision of compassionate care and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC).

We would like to thank the manager, service users and staff for their support and co-operation 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 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 they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "Staff are great, I am here nine years and I love it."
- "Great people I live with."
- "I like getting out, staff help me."
- "Staff look out for us, I am happy with everything,"
- "I have no complaints and I enjoy the company."
- "I have my own money and I can do what I want."
- "I love it here staff are good to me."
- "I feel safe here."

Staff comments:

- "No concerns, this is a much better place now."
- "Things are brilliant since the new manager came. It is all about the service users and getting them out."
- "Love my job. Try to encourage the service users to get out and do things."
- "Recently the service users have started growing things, they have a wee garden and have plants and food; we are hoping to get chickens."
- "We encourage the service users to do new things."
- "I feel well supported and can raise issues; the manager is good."
- "Love it here, service users have choice and we promote their independence."

No questionnaires were returned.

There were no responses 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 15 August 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.

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 15 August 2023</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 12

Stated: Second time

To be completed by:
Immediate and ongoing from the date of inspection</td><td>The registered person must ensure that staff are trained for their roles and responsibilities.

This relates specifically to Adult Safeguarding, Dysphagia, DoLS, and Medicines Management training.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Inspector confirmed that this area for improvement had been met.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 8.11

Stated: Second time

To be completed by:
Immediate and ongoing from the date of inspection</td><td>The registered person monitors the quality of services in accordance with the agency’s written procedures and completes a monitoring report on a monthly basis.

Copies of the monitoring reports should be retained within the agency and available for inspection.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
It was identified that copies of the monthly monitoring reports were not retained within the agency and not available for inspection. This area for improvement has been assessed as not met and will be stated for a third and final time.</td></tr>
</table>

Area for improvement 3 **Ref:** Standard 12.7 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that staff training records are kept up to date and accurately reflect the training completed by individual staff members.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that a matrix was in place and reflected the training completed by staff.	

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.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding 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 good 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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these were retained in an organised manner and that safeguarding matters had been managed appropriately.

Service users who spoke with us 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.

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. The review of records indicated that incidents had been managed appropriately.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised 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.
The majority of staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered orally 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 (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 DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

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. 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 service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had facilitated service users' meetings on a monthly basis, this had supported service users to provide their views on the service provided and discuss their care. Some matters discussed included:

- Fire Safety
- Tenancy
- Activities

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

The manager advised that none of the service users have presented with swallow difficulties or been assessed by SALT. The majority of staff had completed relevant dysphagia training and were aware of how to make a referral to SALT if required.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records evidenced that at least two staff had not had an enhanced AccessNI pre-employment check completed before they commenced employment and had direct engagement with service users within the agency. RQIA held a meeting on 29 August 2024 with representatives of the Responsible Individual with the Intention to Serve One Failure to Comply Notice Meeting. The representatives provided assurances that actions would be taken to ensure compliance with the regulations and to prevent recurrence. Based on this information, RQIA made a decision not to issue a Failure to Comply Notice. An area for improvement was therefore identified.

Checks were made to ensure that staff were appropriately registered with the NISCC or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. A spot check completed during the inspection indicated that staff were appropriately registered. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager advised that there were no volunteers supporting within in the agency.

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 lasting at least three days 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?

The manager could describe the arrangements in place for monitoring the quality of the service provided by the agency in accordance with Regulations and Standards. However, it was identified that copies of reports of the quality monitoring visits were not retained by the agency nor available for inspection. An area for improvement stated for a second time following the last inspection was assessed as not met. This matter was discussed with representatives of the Responsible Individual following the meeting held on 29 August 2024; this area for improvement will be restated for a third and final time.

The agency's registration certificate was not up to date; it was noted that RQIA had not been informed of the changes in management arrangements within the agency. This was identified as an area for improvement.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was noted that no complaints were received since the last inspection.

We discussed the acting management arrangements which have been ongoing 1 May 2024; RQIA will keep this matter under review.

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 and The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	2	1*

* the total number of areas for improvement includes one that has been stated for a third and final time

Areas for improvement and details of the QIP were discussed with Colleen Murray, 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 13 (a)(b)(c)(d) Schedule 3 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3 This relates specifically to ensuring that AccessNI checks are completed for all staff supplied by the agency prior to commencement of employment. Ref: 5.2.4
	Response by registered person detailing the actions taken: Current regional practice dictates the transfer of an existing AccessNI check if the employee is transfering from another RQIA registered facility, for a temporary contract. As an interim plan, SET have commenced AccessNI checks for staff to provide futher assurance, as agreed with RQIA. Recruitment processes include an application and interview whereby the experience, skills and qualifications to meet the demands of the post are scrutinised prior to a post being offered.
Area for improvement 2 **Ref:** Regulation 27 (1)(b) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that RQIA is notified of any absence of the registered manager lasting longer than 28 days. Ref: 5.2.6
	Response by registered person detailing the actions taken: The requirement to notify RQIA of the absence of Manager and cover details has been added to a Leavers procedure. The Senior Manager will be responsible for notifying RQIA of any changes to the Management arrangements and will seek to do this within 10 working days of the absence.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 8.11 **Stated: Third and final time** **To be completed by:** Immediate and ongoing from the date of inspection.	The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. Copies of the monitoring reports should be retained within the agency and available for inspection. In addition, a copy of the report should be forwarded to the aligned RQIA inspector by the 10th of each month, for a period of three months. Ref: 5.1 & 5.2.6
	Response by registered person detailing the actions taken: A review of current monitoring arrangements has taken place with some changes made to areas of responsibility. These reports will be retained on site in hand written format within the first 5 working days of the month. The typed and final report will be returned to the scheme and sent through to the named RQIA Inspector by the 10th working day of the month.

Please ensure this document is completed in full and returned via Web Portal

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