The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Domiciliary Care Service**

Provider: **South Eastern Health and Social Care Trust**

Date of Inspection: **24 April 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:	South Eastern Health and Social Care Trust
Responsible Individual/Responsible Person:	Ms Roisin Coulter
Registered Manager:	Mrs Nicola Donnelly
Service Profile – Domiciliary Care Services is a domiciliary care agency located in Downpatrick; the agency provides care and support to service users who reside in the Down and Lisburn areas. The agency's aim is to provide care to meet the individual assessed needs of people in their own homes with the aim of promoting independence.	

2.0 Inspection summary

An unannounced inspection took place on 24 April 2025, between 9.15 am and 4.15pm. by a care inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. To assess progress with the areas for improvement identified by RQIA during the last care inspection on 17 October 2023 and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

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.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place and ongoing innovative plans to refresh and improve working practices.

As a result of this inspection the previous area for improvement was assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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 agency 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 agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

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.

Throughout the inspection process inspectors will seek the views of the service users/relatives who are in receipt of care and support; the home care workers who work for the agency; and review/examine a sample of records to evidence how the agency 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

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

During and following the inspection we spoke with a number of service users, relatives and staff members.

Staff told us they enjoyed their work, they had no concerns about the agency and felt the manager and the management team was approachable and knowledgeable. They also shared that they felt confident to raise any concerns and that they found the training to be helpful.

Relatives and service users spoke highly of an "amazing" staff team who were kind and "go the extra mile."

Returned questionnaires were very satisfied with the service. There were no replies to the electronic staff survey.

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 17 October 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 17 October 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 3.3

Stated: First time

To be completed by:
Immediate and ongoing</td><td>The registered manager shall ensure that the care plan includes information on:

• how specific needs and preferences are to be met; and
• the management of identified risks.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:

Inspector viewed a number of records at the time of inspection. These confirmed that care plans and summary sheets document:

• how specific needs and preferences are to be met; and
• the management of identified risks.</td></tr>
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3.4 Inspection findings

3.4.1 Staffing arrangements

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. There was evidence of robust systems in place to manage staffing.

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. It was identified that some staff currently employed within the agency had transferred internally by means of an

Expression of Interest without enhanced AccessNI checks having been completed. There was discussion with the manager and the senior manager (Community Social Care) about the need for the provider organisation to be fully assured they have a robust system for criminal checks to be completed for staff. RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of this, and will keep this matter under review.

Checks were made to ensure that staff were appropriately registered with 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.

There was evidence that all newly appointed staff had completed a structured induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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, at least 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.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, at a level appropriate to their job roles. Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge.

There were no volunteers deployed within the agency.

3.4.2 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).

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.

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 manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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 in their care plan and highlighted on the summary sheet.

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.

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.

3.4.3 What are the systems in place to ensure service user involvement?

From reviewing service users' records and through contacts with service users and relatives it was good to note that service users had an input into devising their care plans. The service users care records contained details about their likes and dislikes and the level of support they may require. Where service users are unable to voice their opinions the agency works with relatives to ensure best interests are served.

3.4.4 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.

A review of incident records identified that they were managed appropriately. An incident had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. RQIA will review this matter at a future inspection to ensure that any recommendations are embedded into practice.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Complaints received are reviewed as part of the agency's quality monitoring process.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the agency.

There was a system in place to ensure that care records retained in the homes of service users were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Staff are required to report incidences were they are unable to gain access to the home of a service users. Staff are provided with information in relation to the actions required as part of the induction process.

The agency's registration certificate was up to date and displayed appropriately.

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 Nicola Donnelly, Manager as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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