The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Quality Care Services – Newry

Provider: Quality Care Services Ltd

Date of Inspection: 12 February 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:	Quality Care Services Ltd
Responsible Individual:	Miss Julie Elizabeth Hunter
Registered Manager:	Mrs Samantha Bond

Service Profile

Quality Care Services Newry is a domiciliary care agency located in Newry which provides care to service users in their own homes. Service users are aged over 18 years and have a range of physical and mental health care needs. The agency's staff provide a range of care and support including personal care, practical and social support, and sitting services.

The services are commissioned by the Southern Health and Social Care (HSC) Trust and the South Eastern HSC Trust.

2.0 Inspection summary

An unannounced inspection took place on 12 February 2025, between 9.20 a.m. and 4.20 p.m. 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 were also reviewed.

Areas for improvement identified related to the Statement of Purpose and Service User's Guide, the process for monitoring the quality of the services provided, staff training, professional registrations, and care planning.

We wish to thank the person in charge, service users and staff for their support and cooperation during the inspection process.

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 domiciliary care 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.

Throughout the inspection process inspectors will seek the views of service users and staff; 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

Throughout the inspection the RQIA inspector will seek to speak with service users, and staff for their opinions on the quality of the care and support, their experiences of the care provided by the agency.

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.

The information provided by those we spoke to indicated that they had no concerns in relation to the service provided.

No questionnaires were returned. There were no responses to the electronic 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 14 July 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued.

Areas for improvement from the last inspection on 14 July 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13(d) Schedule 3 **Stated:** Second time **To be completed by:** Immediately from the date of inspection and ongoing	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates to full employment histories being obtained and ensuring that all references are dated.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that this area for improvement had been addressed.	

3.4 Inspection findings

The agency's provision for the welfare, care and protection of service users was reviewed. The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory; we requested that the name of the agency be included within the report.

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 yearly thereafter.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records indicated that these had been managed appropriately.

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 a sample of incidents indicated that they had been managed appropriately.

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

Staff support one service user with the administration of medicines via an enteral feeding tube.

The person in charge advised that training had been completed by the Community Nursing Team however a record had not been retained in regard to the staff members' capabilities and competencies in relation to this role. An area for improvement has been identified.

Staff had completed appropriate DoLS training appropriate to their job roles. It was identified that the care records for one service user who had a DoL in place did not contain details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. The person in charge advised that this information was requested during the inspection. An area for improvement has been identified.

From reviewing service users' care records and through discussions with staff and 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.

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be modified to a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia. From information reviewed it was identified that the care plan relating to one service user did not reflect the information as detailed within the SALT recommendations. An area for improvement has been identified and is subsumed into the area for improvement outlined above.

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 noted that the agency's Alphabetical Index of staff needed to be reviewed and updated to ensure that the information accurately reflected those staff being supplied by the agency. An area for improvement has been identified.

A review of information relating to staff registration with the Northern Ireland Social Care Council (NISCC) identified that a small number of staff were not appropriately registered. Evidence was provided during and following the inspection to ensure that staff were not supplied to provide care and support until they were appropriately registered. There was lack of evidence that the system in place for reviewing professional registrations was effective. An area for improvement has been identified.

There were no volunteers providing support within the agency.

There was evidence that all newly appointed staff had completed a structured orientation and induction lasting at least three days; this included shadowing of a more experienced staff member.

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. Comments included: "The carers are brilliant, I could not say a bad word."; "It's going alright, they are a nice crowd and would do anything for you."

The reports included details of a review of service user care records; accident/incidents; safeguarding matters and staffing arrangements including recruitment and training. However, it was concerning to note that this process had failed to identify that staff were not appropriately registered with NISCC. An area for improvement has been identified.

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, there was evidence that these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The Statement of Purpose required updating with to include the name of the service as registered with RQIA and the details of the manager. An area for improvement has been identified.

The Service User Guide required updating with to include the name of the service as registered with RQIA and the details of the manager. An area for improvement has been identified.

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

Where staff are unable to gain access to a service users home there was clear guidance as to the actions that they should take; it included out of hours arrangements.

We discussed the acting management arrangements; the manager advised that these are currently being reviewed, RQIA will keep this matter under review.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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)

Area for improvement 1 **Ref:** Regulation 5. (1) **Stated:** First time	The Registered Person shall ensure that the Statement of Purpose accurately records the name of the agency as registered and includes details of the registered manager. Ref: 3.4
To be completed by: Immediate and ongoing from the date of the inspection	**Response by registered person detailing the actions taken**: A statement of purpose is in place with relevant persons listed. We have reviewed this and updated further with the details requested.
Area for improvement 2 **Ref:** Regulation 6. (1) **Stated:** First time	The Registered Person shall ensure that the Service User's Guide accurately records the name of the agency as registered and includes details of the registered manager. Ref: 3.4
To be completed by: Immediate and ongoing from the date of the inspection	**Response by registered person detailing the actions taken**: Our service user guide currently contains details of the agency. We have reviewed this and updated further with the details requested.
Area for improvement 3 **Ref:** Regulation 21. (1) **Stated:** First time	The Registered Person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (a) kept up to date, in good order and in a secure manner; Ref: 3.4
To be completed by: Immediate and ongoing from the date of the inspection	**Response by registered person detailing the actions taken**: All staff personnel files are electronic and updated with information should this change. All records are in good order and secured appropriately. We have provided office staff with further training on how to manage excel spreadsheets to ensure the information provided is in the correct format.

Area for improvement 4 **Ref:** Regulation 23. (1) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of the inspection	The Registered Person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This system should include the review of a range of key areas including staff professional registrations. Ref: 3.4
	Response by registered person detailing the actions taken: A full review of NISCC registration was completed and all staff have adequate registration. A further implementation of an electronic recording system is currently being built to ensure full oversight for the branch.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised August 2021	
Area for improvement 1 **Ref:** Standard 12 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of the inspection	The Registered Person shall ensure that staff are trained for their roles and responsibilities and that a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. This should include competency assessments. Ref: 3.4
	Response by registered person detailing the actions taken: All staff have received training in line with their roles and responsibilities. Where staff have required additional training for specific service users they have received competency assessments prior to commencing the task. All staff records include their full training records, these have been reviewed to ensure all documentation is in place and can be accessed electronically.

Area for improvement 2 **Ref:** Standard 3.3 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of the inspection	The Registered Person shall ensure that the care plan includes information on: • the care and services to be provided to the service user; • directions for the use of any equipment; • the administration or assistance with medication; • how specific needs and preferences are to be met; and • the management of identified risks. This relates specifically to DoLS and SALT recommendations. Ref: 3.4
	Response by registered person detailing the actions taken: We have reviewed the service users records and updated the documentation to ensure where required the DoLs and SALT documentation is in place. We currently have no service users who have DoL's or SALT recommendations in place. All office staff have been reminded of the process for recording DoLS and SALT recommendations.
Area for improvement 3 **Ref:** Standard 12.6 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of the inspection	The registered person shall ensure that care workers are registered with NISCC. There should be a robust system in place to ensure that professional registrations are monitored by the agency. Ref: 3.4
	Response by registered person detailing the actions taken: We have fully audited our processes and identified areas of improvement. This has now been resolved and a full digital system is currently being implemeted to run parrallel with the NISCC portal. All senior staff have access to this.

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

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