Inspection Report

Name of Service: Jark (Downpatrick) Limited

Provider: Jark (Downpatrick) Limited

Date of Inspection: 15 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:	Jark (Downpatrick) Limited
Responsible Individual/Responsible Person:	Mrs Danielle Theresa Mahon
Registered Manager:	Miss Laura McMullan
Service Profile – Jark (Downpatrick) Limited is a domiciliary care agency which provides a range of services such as personal care, meals, sitting services and community outreach to people living in their own homes. Services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT) and the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 15 April 2025, between 8.30 am and 3.15 pm, by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. The inspection also sought to determine if the agency is delivering safe, effective and compassionate care and if the agency 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.

Good practice was identified in relation to service user involvement, complaints management and the completion of care plans.

One area for improvement was identified in relation to care review records and oversight arrangements.

The last care inspection of the agency was undertaken on 21 November 2023 by a care Inspector. No areas for improvement were identified.

Jark (Downpatrick) 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 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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

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 engage with service users, their relatives and staff for their opinions on the quality of the care and support and their experiences of working in this agency.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Staff comments were very positive and indicated they enjoyed working for the agency.

The information provided by service users and/or their representatives indicated that there were no concerns in relation to the service. They commented that staff were knowledgeable, very reliable and treated them with dignity and respect.

Trust representative stated they had no concerns in relation to the agency and communication was good.

3.3 Inspection findings

3.3.1 Governance and Managerial Oversight

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

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.

There were processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed and was satisfactory. The person in charge was advised this report would benefit from more detail in relation to other quality indicators such as training compliance and staff development opportunities.

The agency's Statement of Purpose (SOP) and Service Users' Guide (SU) required updating. The SOP did not contain all the information as stated in Section 2 of The Domiciliary Care Agencies Minimum Standards, the person in charge agreed to review and update accordingly. An updated version was shared with RQIA following the inspection and was assessed as generally satisfactory with some additional information relating to the arrangements for the notification of reportable events and updating the details relating to The Commissioner for Older People Northern Ireland. The SOP will be reviewed further at the next inspection. The person in charge was advised to include information relating to RQIA reports availability and access arrangements and the methods used to seek service user feedback should be included in the SUG. The SUG will be reviewed at the next inspection.

Staff had managed incidents appropriately and reported to RQIA within appropriate timeframes in keeping with the regulations.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was good to note that the agency recently hosted Staff demonstrated a good awareness of both the complaints procedure and whistleblowing policy. A register of complaints was retained by the service. Details relating to the complaints process was included in the statement of purpose and service users guide. There was evidence of a system to ensure oversight of complaints, this included a review of complaints during the monthly quality monitoring visits.

3.3.2 Staffing (recruitment and selection, induction and training).

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 that all newly appointed staff had completed a structured orientation and 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, 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.

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 NISCC and there was a system in place for professional registrations to be monitored by the person in charge.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Staff received an opportunity to discuss their post registration training requirements during supervision and appraisal meetings.

Records of all staff training were retained and the person in charge maintained oversight of the training matrix to ensure compliance. Staff were provided with opportunities to complete training commensurate with their role.

There were no volunteers deployed within the agency.

3.3.3 Care Records

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 review and services users and /or their relatives participate. The review of the care provided is on an annual basis or when changes occur. However, records relating to reviews did not consistently contain the dates reviews had occurred in particular for those service users who had not experienced any changes in care needs. The person in charge was advised the dates for all care reviews should be recorded and there should be a system in place to provide an overview of who has received a review and when they have been completed. An area for improvement has been identified in relation to the records and oversight arrangements for care reviews.

The person in charge reported that a number of the service user currently required the use of specialised equipment. Staff had received training in the use of the various pieces of equipment currently in use. This training involved practical demonstrations and an opportunity to use the equipment under the supervision of a qualified trainer.

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 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 agency. Staff implemented the specific recommendations of the SALT to ensure the care received was safe and effective. Care records included a copy of the SALT recommendations.

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 agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

3.3.4 Safeguarding

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 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 and children's safeguarding training during induction and every year thereafter. Review of training records evidenced good compliance.

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.

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

3.3.5 Deprivation of Liberty Safeguards (DoLS)

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. The person in charge 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 person in charge reported that none of the service users were subject to DoLS, however some restrictive practices were in place. The person in charge advised they did not maintain a restrictive practices register. They agreed to develop a system to supported their oversight arrangements in relation to services users were restrictive practices were in use. This will require time to embed into practice and will therefore be reviewed at the next inspection.

There is a policy that clearly directs staff from the Agency as to what actions they should take to manage and report such situations in a timely manner.

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	0	1

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Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Danielle Rice, Responsible Individual/Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021

Area for improvement 1 **Ref:** Standard 6.4 **Stated:** First time **To be completed by:** Immediate from the date of inspection	The Registered Person shall ensure accurate records are maintained in relation to all services users' care reviews, including those whose care needs remain unchanged. These records should include completion dates and staff signatures. There should be a system in place that provides an overview of who has received a review and when it has been completed to allow for robust governance and oversight of the care review process. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Person will ensure accurate records are maintained in relation to all service users care reviews. Jark have transferred to a new software and each service user has an allocated date for when care reviews are due. The new system has reports to allow robust governance in line with care review process. Manager and CoOrdinator also aware of process.

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

The Regulation and Quality Improvement Authority

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