The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Provincial Care Services Agency Limited

Provider: Provincial Care Services Agency Limited

Date of Inspection: 11 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:	**Provincial Care Services Agency Limited**
Responsible Person:	Anne Monica Byrne
Registered Manager:	Deborah McIlwaine (Acting)
Service Profile: Provincial Care Services Agency Ltd is a domiciliary care agency based in Carryduff which provides a range of personal care, social support and sitting services to people living in their own homes. Service users have a range of needs including physical disability, learning disability and mental health care needs. Their services are commissioned by the Belfast, Southern and South Eastern Health and Social Care (HSC)Trusts.	

2.0 Inspection summary

An unannounced inspection took place on 11 February 2025, between 10.10 a.m. and 4.35 p.m. The inspection was conducted by a care inspector.

The inspection was undertaken to evidence how the domiciliary care agency was performing in relation to the regulations and standards and to assess progress since the last inspection on 31 May 2023.

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.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

No areas for improvement have been identified.

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 service 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 staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those using, working and visiting the service and review a sample of records to evidence how the service 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 staff survey.

3.2 What people told us about the service and their quality of life

Throughout and following the inspection the RQIA inspector will seek to speak with service users, their relatives and staff for their opinions on the quality of the care and support, their experiences of using, visiting or working in this 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 indicated that there were no concerns in relation to the agency.

Comments from staff and service users and their relatives were positive. Service users mentioned that staff were respectful, well-mannered and professional. A relative said that the team was brilliant and they were very satisfied with the care provided. Staff spoken with were very happy in their roles and described a supportive management team and said fellow workers were genuinely caring.

There was no response to the electronic survey. Service users and relatives who returned questionnaires were very satisfied with the care provided.

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 31 May 2023 by a care inspector. No areas for improvement were identified.

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.

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) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; 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 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 structured three-day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The review of training records evidence that staff had completed appropriate training to meet the needs of the service users. Staff participate in regular supervision and there was evidence of individual and group sessions taking place.

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). 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 year 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. A review of records confirmed that these had been managed appropriately. The agency also monitors incidents and some of these were discussed with the inspector. The manager described current actions in place to reduce the frequency and impact of incidents. Staff from the agency are working closely with the commissioning trust to implement an agreed action plan to meet the needs of an individual service user.

Staff had also completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The inspector viewed the file of a service user subject to DoLS and noted appropriate documentation was in place.

Some service users were assessed by Speech and Language Therapy (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. All staff had also been provided with training in relation to medicines management.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan.

The agency maintains a number of policies and procedures to direct and support them in their day to day work. This includes an operational policy that clearly directs staff from the agency as to what actions they should take to manage and report if they are unable to gain access to a service user's home.

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 and the commissioning trust 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. It was good to note that an independent monitor has been employed to complete monitoring visits and reports and that the process is thorough and robust.

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 Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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 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.

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

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

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 Debbie McIlwaine, Manager, and Angela McKeever, Director of Care and Support 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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