

Unannounced Care Inspection Report 14 May 2019



Connected Health Domiciliary Care Ltd

Type of Service: Domiciliary Care Agency

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Tel No: 02890329777

Inspector: Marie McCann

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Connected Health Domiciliary Care Ltd is a domiciliary care agency based in Belfast which provides personal care, social support and sitting services to people in their own homes.

A team of 462 care staff are currently providing care services to 1120 service users. Service users have a range of needs associated with learning disability, physical disability, dementia and mental health conditions. The majority of the services are commissioned by each of the Health and Social Care Trusts (HSCTs) across Northern Ireland, with a smaller number being provided in a privately funded capacity.

3.0 Service details

Organisation/Registered Provider: Connected Health Domiciliary Care Ltd	Registered Manager: Lorraine Corr
Responsible Individual(s): Douglas Adams	
Person in charge at the time of inspection: Lorraine Corr	Date manager registered: 10 May 2018

4.0 Inspection summary

An unannounced inspection took place on 14 May 2019 from 09.10 to 17.10.

This inspection was underpinned by the Health and personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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 choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction and training, staff knowledge of adult safeguarding and restrictive practices, developing person centred care provision, seeking feedback from service users and opportunities for staff engagement. Further areas of good practice were also noted in regard to the provision of compassionate care, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

An area requiring improvement was identified in relation to maintaining a record of all communications made in respect of service users within the individual service users' records.

There was evidence identified throughout the inspection process that the agency promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, privacy, confidentiality and service user involvement.

Service users' comments included:

- "The service is excellent."

- “Staff are trained to perfection.”
- “I know I can contact the area manager or office staff anytime I need to.”
- “The area manager expects a high standard and encourages all the staff to be the same but she manages to do this in a nice way.”
- “You get to know the staff which is important and they are really good.”
- “I’m treated with respect and dignity.”
- “The standards are high.”
- “I’m happy with how staff treat me. The staff are very nice.”
- “I get on well with all the staff, you grow to know them, it’s hard when they leave.”
- “Staff know it’s my house and treat me and my house well.”

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with the manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 15 August 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 August 2018.

5.0 How we inspect

Prior to the inspection the inspector reviewed the following information:

- unannounced care inspection report and QIP dated 15 August 2018
- incident notifications that had been reported to RQIA since the last care inspection
- information and correspondence received with regards to the agency since the last inspection and immediately following the inspection

During the inspection the inspector met with the manager, the responsible person, the training manager, the compliance manager, two senior care workers and three care workers. The inspector also spoke with a randomly selected sample of care workers and service users during the course of the inspection. The inspector subsequently spoke with three service users, a service user’s relative and four care staff via telephone.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. In addition, the manager advised that the agency would ensure the poster is shared with all staff. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. No responses were received in time for inclusion in this report.

The inspector would like to thank the manager, service users and their relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 15 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 14.8 Stated: First To be completed by: Immediate and ongoing	The registered person shall ensure that all relevant persons and agencies are notified of the outcome of any investigations undertaken by the agency.	Met
	Action taken as confirmed during the inspection: Discussions with the manager and compliance manager and review of adverse incident report records evidenced that the agency had notified the relevant persons and agencies in regard to any investigations undertaken by the agency.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The manager confirmed that she is supported by a human resources manager to ensure that the agency's recruitment processes are in line with the required regulations. Discussions evidenced that the manager was knowledgeable in relation to safe recruitment practices.

The induction programme for staff was viewed, which included a three day induction programme. A sample of three recently recruited staff induction records evidenced that staff received training in addition to mandatory training requirements to ensure they had the necessary knowledge and skills to meet the needs of service users. This included training in areas such as, dementia awareness, end of life care, management of challenging behaviours, awareness of what is a restrictive practice, falls prevention, pressure ulcer awareness, stoma and catheter care and dysphasia management. In addition, documentation viewed by the inspector provided details of dates on which staff shadowed other experienced staff. Records also evidenced that follow up meetings occurred at four, eight and twelve week intervals to support the new care staff and identify any outstanding issues.

Review of records and discussion with the agency's training manager confirmed that there is a system in place to ensure all staff receive appropriate training to fulfil the duties of their role on an ongoing basis. This includes a programme of refresher/update training for staff, which is monitored on a monthly basis to ensure that staff are compliant with attending the training updates. It was good to note that with effect from September 2018 the agency's induction and refresher training has been endorsed by the Open College Network (OCN), an organisation which designs and awards various vocational qualifications.

Discussion with the agency's training manager evidenced that the agency continue to evaluate and review their training programme. The training manager confirmed that the principles of human rights are woven through other training topics, however the agency are in the process of developing a stand-alone module for human rights. This will be reviewed at a future inspection. The training manager has also engaged with the Northern Ireland Social Care Council (NISCC) in regard to additional training opportunities for staff such as, medication management, continence care and dysphasia awareness.

Staff feedback regarding the agency's training was positive, staff comments included:

- "Induction was great, it was the best induction I have ever had."
- "The training is very good."

Discussion with staff on the day of inspection highlighted no concerns in regard to them having appropriate time to undertake their duties in accordance with individual service users' care plans. Staff confirmed that they have effective access to their staffing rota via an online system and that it is well organised. They indicated that they had no concerns in relation to staff being available and deployed in sufficient numbers to meet the needs of service users. A number of staff described how service users have a core staff team which helps to ensure continuity of care and develop good working relationships. Staff noted that this had a positive impact on the service users' experience. One staff member commented: "The rota is fairly set and consistency helps staff and clients get to know each other."

The manager was also able to describe contingency arrangements that the agency has in place to minimise the risk of service delivery disruption in the event of unforeseen circumstances, including missed or late calls. The manager advised that in all such incidents a report is made to the commissioning HSCT which includes follow up actions taken and learning reviewed. A review of records verified this.

There were systems in place to monitor staff performance including spot checks; staff receive support and guidance through quarterly supervision sessions and team meetings. The staff spoken with on the day of inspection confirmed the availability of supervision processes and team meetings. The manager has a system to monitor compliance with the timescales for staff supervision, attendance at team meetings and annual appraisals. A review of a sample of this information in regard to two geographical areas confirmed these arrangements are in place.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to help ensure that the service users were safe and protected from harm. The compliance manager is the agency's Adult Safeguarding Champion (ASC). The ASC demonstrated appropriate knowledge regarding how to address safeguarding matters if and when they arise in order to ensure the safety and wellbeing of service users. It was positive to note that the agency had completed an adult safeguarding planning document and position report.

The inspector reviewed records relating to adult safeguarding referrals since January 2019 which evidenced that suspected or alleged incidents of abuse were promptly referred to the relevant HSCT's. The records confirmed that on a number of occasions these referrals were made as a result of direct feedback from staff who highlighted adult safeguarding concerns, or concerns regarding poor practice. This supported staff awareness of their roles and responsibilities and how they are supported to report concerns through existing management arrangements. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. This was further verified during discussion with staff on the day of inspection.

Staff commented:

- "I am aware of how to, and would feel comfortable with, raising any concerns about the practice of other care workers."
- "You are working with really vulnerable people, we are told to report any concerns immediately."

The agency's governance arrangements in place that identify and manage risk were discussed and reviewed. Discussion with staff and a review a sample of adverse incident reports/quality monitoring reports evidenced that there is a robust and transparent system for recording, reporting and investigating any incidents in which concerns have been reported to the agency or the HSCT. There was evidence that incidents were also reviewed to identify whether any learning or retraining for staff was needed or if a referral to (NISCC) was required regarding the conduct of the care staff.

Staff confirmed that they felt care provided by the agency was safe. They reported that they were given all relevant information to ensure that they could meet the needs of service users. The inspector also noted that staff had received training in regard to restrictive practices and the importance of consent when supporting service users. Staff consulted with were knowledgeable about the human rights of service users and the potential impact of any restrictive practices.

The agency's risk assessment also identified the requirement for a HSCT risk assessment to be provided to help inform and direct the implementation of any restrictive practices.

Information relating to service users was noted to be stored securely and in a well organised manner. It was noted that General Data Protection Regulations (GDPR) is included within staff induction training and the agency has an identified GDPR compliance officer.

The agency offices are suitable for the operation of the agency as described in the Statement of Purpose.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction and training and staff knowledge of adult safeguarding and restrictive practices.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection.

The manager advised that an initial visit is made to service users to introduce care staff to promote relationship building and continuity of care. During this visit service users are provided with a file for their own home. A review of a sample file noted that it contained a copy of the agency’s Statement of Purpose and Service User Guide, the HSCT care plan, any relevant HSCT assessments and a daily care record. Staff use this file to direct and record care provided. In addition, staff complete a risk assessment, service user agreement and a “Getting to know you” document in consultation with the service user and/or their next of kin.

A review of a sample of three service users’ care plans highlighted that each HSCT uses a variety of care plan documents. Therefore, it was good to note the recent introduction of the ‘Getting to know you’ document, which evidenced the commitment of the agency to provide a consistent approach to documenting and delivering person centred care. Following discussions during the inspection, the ‘Getting to know you’ document has been further developed to ensure service users’ specific communication needs, preferences and the outcomes they wish to achieve as a result of the service are recorded.

It was positive to receive feedback from staff which demonstrated that they provide support to service users in an individualised manner, where their preferences and wishes are taken into account. This was supported by those services users spoken with during inspection.

The agency has in place robust arrangements for seeking feedback from service users on the quality of care and support provided by the agency. A sample of service users’ records confirmed that the agency complete care review meetings with service users and their next of kin to ensure their needs were being met. Regular contact is also made with service users by phone and during monitoring visits. The Service User Guide provides details of how service users can give feedback to the agency regarding the quality of care. It also includes the agency’s complaints procedure, the role of the Northern Ireland Public Services Ombudsman, RQIA and a number of advocacy services. The inspector suggested that the Service User Guide should be updated to include the details of the Patient and Client Council and to provide

a wider range of advocacy services given the diverse range of needs service users have. The manager agreed to action this.

These arrangements demonstrate that service users are valued as individuals and are listened to and what is important to them is viewed as important to the agency. This was verified by the service users spoken with during the inspection.

The inspector noted that the agency has collaborated effectively with service users and /or their next of kin and a range of HSCT representatives. Discussions with staff confirmed that they were aware of their obligations in relation to reporting any issues regarding a service user's wellbeing and they had effective access to management support and advice including provision of out of hour's support. Staff confirmed that issues are followed up by area managers, however it was noted that a record of all such communications and follow up actions are not maintained in individual care records. The inspector identified that all communications including emails in respect of service users should be recorded/retained in their individual care records to maintain a contemporaneous and accurate record. An area for improvement was made in this regard.

On the day of inspection a service user's relative had advised that they had experienced a missed call which they had not reported to the agency at the time. The manager was made aware of the specific feedback from the relative on the day of inspection to ensure that effective measures could be taken to address the issue reported. An update was provided by the agency to RQIA following the inspection of actions taken with respect to the specific missed call.

The inspector reviewed arrangements in place for engagement with staff. In addition to quarterly team meetings and individual supervision sessions, the agency conducts an anonymous staff satisfaction survey on a quarterly basis. Staff on the day of inspection confirmed that they are provided with the opportunity to express their views and opinions and are encouraged to do so. Feedback from the most recent staff questionnaire in January 2019 found that:

- 92.6 per cent of staff plan to be working in the agency in a year's time.
- 88.2 per cent felt they were treated with respect by the senior team.
- 96.3 per cent felt proud to work for the agency.

Staff feedback on the day of inspection was positive regarding the support staff received to fulfil their roles and responsibilities.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to developing person centred care provision, seeking feedback from service users and opportunities for staff engagement.

Areas for improvement

One area for improvement was identified in regard to recording all communications made in respect of service users within their individual care records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with the manager, training manager and a review of training records evidenced that value based care was promoted. These values identified the importance of service users' rights, and maintaining their dignity, respect, equality and diversity, choice, consent, confidentiality and safety. In addition, the training focused on how staff could ensure and recognise good outcomes for services users. This was verified by the staff who spoke with the inspector during the inspection.

Staff gave examples of the importance of obtaining service users' consent at all times and recognised service users' rights to decline care. They recognised that giving and obtaining consent is an ongoing process rather than a one off event.

Staff demonstrated an understanding of the need to balance service users' human rights with positive risk taking and the need for timely reporting if any concerns regarding a service user's wellbeing are identified.

Staff referred to the sense of fulfilment/job satisfaction they receive from building relationships with service users, both in gaining their trust and developing an understanding of their individual wishes and preferences. They acknowledged the benefits to service users of receiving consistent care.

Staff spoken with commented:

- "You obtain consent for everything you do."
- "We are made aware that consent is very important and that we are to respect clients' choice to decline care but we will always report this to the area manager."
- "I love the job."
- "We are encouraged to support independence."
- "The rota is organised, no problem with it, we have sufficient time to do calls."
- "The training we have is to keep the client at the centre and our focus is to respect clients."
- "It's a big thing in the company to promote clients' human rights, give choice and promote independence."
- "Every day, when you go into the job, you are treating clients with respect, getting their consent and agreement with everything you do."
- "You are trained to understand the importance of confidentiality."

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. The agency's Statement of Purpose and service user agreement also contains information relating to equality and diversity. The manager and staff could describe how staff development and training equips staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- promotion of effective service user involvement

- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- individualised risk assessment

The agency collects service users’ equality data via their referral and care planning processes. This information includes: age, gender, disability, marital status. This information is used effectively and with individual service user involvement to provide person centred care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspection assessed the agency’s arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The service is managed on a day to day basis by the manager with the support of a senior management team, care co-ordinators, administrators, a team of care senior workers and care workers working across eight localities. Staff who spoke with the inspector during inspection could clearly describe their roles, responsibilities and lines of accountability.

They described positive working relationships in which issues and concerns could be freely discussed. Staff comments included:

- “They are an amazing company to work for...the support is fantastic.”
- “I used to work for Connected Health and then came back to work recently; I have always enjoyed the job.”
- “I receive a lot of support from my area manager.”
- “I recently got an appreciation candle and thank you card from my area manager; it’s nice to feel valued.”
- “If I have ever had any issues they were resolved.”
- “I would feel comfortable reporting any issues.”
- “I feel really supported in my job.”
- “The agency have a health benefits plan for staff, I have used it, it’s very good.”
- “I love it; I was originally part time but increased my hours.”

- “I really enjoy my job; it’s a great company to work for. There is plenty of support in the company; there is always someone you could speak to.”
- “We have regular meetings and get to talk to managers face to face. I feel like there is always plenty of support and meetings.

Staff confirmed that they were aware that the agency had a range of policies and procedures available to guide and inform their practice. These policies were noted to be maintained in a manner that was accessible to staff.

Staff are required to be registered with NISCC or other relevant regulatory body. Discussion with the manager and compliance manager and review of records evidenced that a number of staff were not registered with NISCC within the six month timeframe required. The agency advised that they had experienced a number of issues with NISCC as they supported staff to complete the registration process. Following inspection these issues were shared with NISCC and the relevant HSCT’s and the agency subsequently confirmed that the identified staff were not supplied for work until they were appropriately registered. RQIA have received further assurances from the manager and NISCC that they have worked closely to resolve matters. The agency have confirmed that all staff employed beyond six months are now registered. The manager has also provided assurances that they will ensure that any further issues regarding the registration process of staff will be escalated directly to NISCC for prompt resolution to ensure the timely registration of staff.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager and compliance manager indicated that the agency’s governance arrangements promote the identification and management of risk. Systems include the provision of policies and procedures, spot checks and supervision of staff, monthly monitoring of complaints, accidents/incidents and safeguarding referrals. The records viewed demonstrated a transparency regarding the conduct of the agency and a willingness to evaluate the quality of care provided and take appropriate action, if necessary, to address issues and identify any learning or retraining as a result. This information was also noted to be shared with the relevant HSCT representatives, HSCT contracts departments and RQIA as required.

The agency’s complaints policy/procedure was noted to clearly define the agency’s complaints process and provided details of external organisation which the complainant could contact if they remain dissatisfied with the agency’s complaints process. The agency maintain a record of complaints and compliments with respect to each geographical area to enable review of any patterns or trends. A sample of records viewed evidenced that the complaints had been managed appropriately.

The service users spoken with confirmed they were aware of whom they should contact if they have any concerns regarding the service. This evidenced that service users have access to clear and fair processes to have their views heard and resolve any concerns or complaints in keeping with their human rights.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A sample of reports were reviewed from, January to March 2019 evidenced a review of the conduct of the agency and consultation with service users and other stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorraine Corr, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standards 10.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that contemporaneous entries are maintained within service users' individual care records. This relates specifically to staff recording all communications made on behalf of or at the request of service users.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: After our annual unannounced inspection on 14/05/19 we immediately arranged a Senior Management Meeting the following morning on 15/05/19 and discussed the importance of how we will record client information on QP going forward. Connected Health can confirm that all Senior Management and office staff are now fully aware of the process of recording notes regarding clients i.e. if a family member or client cancels a call they must record accurately on QP the full name of the person who cancelled the call, their relationship to the client, time and date of receiving the call, and too be logged in quick notes under each client.</p> <p>We also discussed how we record all relevant information received from Coordinators, Area Managers, NOK, Care Managers etc regarding clients, where in our systems would be the most appropriate place.</p> <p>We immediately liaised with our software company and they have now updated the system, whereby all confidential notes regarding each client can be recorded accurately and in one place. We can now click into each client and see their full history, and going forward can pull full reports of clients activity.</p> <p>I can confirm that all relevant staff have now been trained on how to use this function and this process will be followed tightly going forward.</p>

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



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