

Unannounced Care Inspection Report 22 September 2016



Connected Health Domiciliary Care Ltd

Type of service: Domiciliary Care Agency

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Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Connected Health Domiciliary Care Ltd took place on 22 September 2016 from 09.35 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme, to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

However, one recommendation for improvement relating to effective care has been made. The inclusion of all stakeholders in the annual quality review of service provision has been recommended.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ashley Currie, acting manager, service manager and assistant 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 12 April 2016.

2.0 Service details

Registered organisation/registered person: Connected Health Domiciliary Care Ltd/Douglas Joseph Adams	Registered manager: Ashley Currie (Registration pending)
Person in charge of the service at the time of inspection: Ashley Currie	Date manager registered: Ashley Currie (Registration pending).

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report

Specific methods/processes used in this inspection include the following:

- Discussion with the acting manager and other senior staff
- Consultation with four care workers
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the UCO spoke with six service users and seven relatives, either in their own home or by telephone, on 15 and 19 September 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals

The UCO also reviewed the agency's documentation relating to seven service users.

The inspector met with four care staff, on the day of inspection, to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The acting manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Three completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user records in respect of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Staff training records
- Four staff quality monitoring records
- Minutes of staff meetings held in July, August and September 2016
- Service user compliments received from April 2015 to March 2016
- Complaint log and records
- Monthly monitoring reports for June to August 2016
- Annual Quality Report 2015/2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, induction, safeguarding, whistleblowing, recording, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 12 April 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (d) Stated: First time	<p>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.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed records to evidence that the agency had obtained full and satisfactory pre-employment information relating to all staff currently employed.</p>	Met

4.2 Is care safe?

The agency currently provides services to 378 service users living in their own homes.

A range of policies and procedures were reviewed relating to staff recruitment and induction training, and found to be in compliance with relevant regulations and standards.

Four care workers files were sampled relating to recruitment details which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained. The review of this documentation was facilitated by a practical checklist at the front of each care worker's file. One of the four care staff interviewed, who had commenced employment within the last nine months, described the recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Connected Health.

A number of people said that occasionally there was less consistency of carers; however, new carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives who discussed examples of care delivered by staff that included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they have any concerns.

Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t say a bad word.”
- “Very good team.”
- “Second to none.”

The agency’s policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The ‘Elder Abuse’ policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: ‘Adult Safeguarding Prevention and Protection in Partnership’. This was discussed with the acting manager who provided satisfactory assurances in relation to a timely update of the agency’s procedure in line with the DHSSPSNI guidance document.

The agency’s whistleblowing policy and procedure was found to be satisfactory.

Staff training in the area of safeguarding adults and whistleblowing takes place two yearly for all staff. Training records viewed for 2015/16 confirmed all care workers had completed the required mandatory update training programme.

All of the care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing. Staff questionnaires received by the inspector confirmed that staff felt service users were safe and protected from harm.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency’s policies and procedures.

The agency’s registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained. The records management procedure had been reviewed in August 2016 following a report of a potential breach of data protection. However, records evidenced that the Information Commissioners Office (ICO) were satisfied with the agency’s management of this matter.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers’ timekeeping or that care has been rushed. One service user also advised that they had had experienced one missed call from the agency.

This was discussed with the acting manager who confirmed this had been investigated and reported as required. Records evidenced that the service user had received a call later that day.

A number of people interviewed commented on some inconsistency of carers; however service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required. The staffing arrangements were discussed with the acting manager, who confirmed the agency has recently undertaken a restructure of their staff; however, this area would be reviewed.

No issues regarding communication between the service users, relatives and staff from Connected Health were raised with the UCO. Some of the service users and relatives interviewed were able to confirm home visits by the agency and care management, as well as receiving questionnaires to obtain their views on the service.

Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t be better.”
- “No complaints about them.”
- “Couldn’t fault them.”

As part of the home visits, the UCO reviewed the agency’s files in relation to seven service users. It was noted that one care plan required to be updated and there were occasions when log sheets had not been updated. These were discussed with the acting manager who confirmed that the care plan had been updated. The monitoring of the completed daily log recording sheets collected from the service user’s home by the supervisor would continue and this area would be discussed with staff.

The agency’s policy and procedure on ‘Recording and Reporting Care Practice’ was viewed and found to contain clear guidance for staff. The inspector reviewed two completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by senior staff, with no issue identified.

The acting manager confirmed ongoing discussion of records management during staff supervision/team meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic. Minutes of staff meetings held in July, August and September 2016 confirmed this area had been discussed.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users’ needs were identified. Staff questionnaires received by RQIA indicated that they received supervision meetings regularly and an annual appraisal.

Service user records viewed in the agency office included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency records completed by staff during their initial service visits contained evidence that service users’ and/or relatives’ views had been obtained and where possible, incorporated.

Service user records evidenced that the agency carried out monitoring visits with service users, and telephone contacts regularly to obtain feedback on services provided.

Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans. The acting manager indicated that the agency is usually invited to attend or contribute in writing to the commissioning trust care review meetings with service users/representatives.

Care workers interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' person centred care plans.

The inspector reviewed the agency's procedure on 'management of missed calls' and reviewed the records in respect of a number of missed calls since August 2016. The inspector found appropriate action had been taken in respect of these matters and records evidenced a process was in place to reduce the risk of any service user not receiving their planned call. The records evidenced that the commissioning trust had been notified of each missed call, and the acting manager confirmed the agency had met with the trust in August 2016 in relation to this area and their restructure programme.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed. Staff also described the action to be taken in the event of being unable to gain access to a service user's home.

Staff supervision processes (spot check, supervision and appraisal which take place once per year for each process and staff member) were reviewed for four staff members and found to be in compliance with the agency policy timeframes.

The agency had completed an annual quality review report for 2015/2016. The acting manager confirmed the annual quality report had been provided to all service users during June 2016. The content of the annual quality review report was found to contain feedback from service users and representatives. The content of their annual quality review report was discussed with the acting manager.

The inspector recommended that the agency's annual quality review report be expanded to include feedback from staff and commissioners of their service.

Areas for improvement

One area for improvement was identified during the inspection.

The registered person/manager is recommended to expand their annual quality of service evaluation process to include staff and commissioners' views.

Number of requirements	0	Number of recommendations	1
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4.4 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by Connected Health. Examples of some of the comments made by service users or their relatives are listed below:

- “Very good girls.”
- “Always a smile on their face.”
- “Well looked after.”

Review of service users’ files found that care plans had been developed and tailored to meet their specific preferences.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans. Staff described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect.

The inspectors confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. Staff records evidenced that supervision and appraisals had been completed in line with their procedure timescales. From the records reviewed by the inspector no staff practice issues were identified for improvement; records detailed observation of manual handling equipment usage along with a variety of other tasks. It was good to note positive comments from service users had been recorded on their monitoring records.

The agency’s compliments records were viewed; these contained extremely positive feedback from service users/relatives and commissioning trust social workers, which had been shared with staff individually and at team meetings.

Staff questionnaires received indicated that they felt service users’ views were listened to and they were involved in decisions affecting their care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The agency’s RQIA registration certificate was up to date and displayed appropriately. The acting manager, Ashley Currie, is supported by a service manager, assistant manager, area managers, a quality monitoring officer, senior care workers, coordinators and a training officer in the management of this domiciliary care agency. Under the direction of the management team, care workers provide domiciliary care and support to 378 people living in their own homes.

The Statement of Purpose and Service Users’ Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the acting manager and care workers interviewed indicated they understood the organisational structure within the agency and their roles and responsibilities.

The inspector discussed the acting manager's application for registration with RQIA as the registered manager, which is currently being processed.

The policy and procedure manual was reviewed and contents discussed with the acting manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed were found to have been implemented with all of the policies sampled having been recently reviewed during July 2016.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 01 April 2015 to inspection date 22 September 2016 with a range of complaints recorded. The inspector reviewed a sample of three complaints records which supported appropriate management, review and resolution of each complaint. Records evidenced effective liaison with the trust to resolve matters.

Discussion with the acting manager and a review of their policy and procedure on notification of events evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of records evidenced that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed the monthly monitoring reports for June to August 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

The care workers interviewed indicated that they felt supported by the management whom they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service users' needs.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ashley Currie, acting manager, the service manager and assistant manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Recommendations

Recommendation 1

The registered provider is recommended to expand their annual quality review process to include staff and service commissioners' views.

Ref: Standard 8.12

Stated: First time

To be completed by:
February 2017

Response by registered provider detailing the actions taken:

Dialogue has began within Connected Health regarding implementing annual anonymous evaluation forms. These will entail all aspects of the operational workings within Connected Health . This will be distributed out to all staff and some commissioners for their feedback.

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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