

Unannounced Care Inspection Report 24 July 2018



Connected Health Domiciliary Care Ltd

Type of Service: Domiciliary Care Agency
**Address: 3B Boucher Business Studios, Glenmachan Place,
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Tel No: 02890329777
Inspector: Michele Kelly
User Consultation Officer (UCO): Clair McConnell

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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 Boucher Road, Belfast. A staff team of 320 provides community based domiciliary care services to service users in their own homes. The service is provided to those who are frail elderly, have learning disability and mental health care needs. The services provided include personal care, social support, carer support, palliative care, meals preparation and domestic duties. Service provision is across the province and is commissioned through the Belfast Health and Social Care Trust, South Eastern Health and Social Care Trust, Southern Health and Social Care Trust and the Western Health and Social Care Trust.

3.0 Service details

Organisation/Registered Provider: Connected Health Domiciliary Care Limited	Registered Manager: Ms Lorraine Corr
Responsible Individual: Mr Douglas Joseph Adams	
Person in charge at the time of inspection: Ms Lorraine Corr	Date manager registered: 10 May 2018

4.0 Inspection summary

An unannounced inspection took place on 24 July 2018 from 09:40 to 15:30.

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

The inspection assessed progress with any areas for improvement identified 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:

- the development of the one page profile
- new start meetings
- monthly quality monitoring

One area for improvement has been identified and refers to:

- Ensuring all relevant persons and agencies are notified of the outcome of any investigations undertaken by the agency.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and the experience of the people who use the service. The inspector would like to thank the registered manager and agency staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Lorraine Corr, registered 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 27 September 2017

No further actions were required to be taken following the most recent inspection on 27 September 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- record of notifiable events for 2017/2018
- the previous inspection report
- record of complaints 2017/18
- any correspondence received by RQIA since the previous inspection
- user Consultation Officer (UCO) report

As part of the inspection the User Consultation Officer (UCO) spoke with one service user and seven relatives, by telephone, on 25 and 28 June 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Personal care
- Meals
- Sitting service

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

- Discussion with the manager and staff
- Examination of records
- Discussion with service users and relatives
- Discussion with professionals
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Service user care records.
- Service user quality monitoring contacts.
- Staff quality monitoring contacts.
- Staff recruitment and induction records.
- Agency process for verifying staff NISCC registration.
- Staff training records.
- Complaints log.
- Monthly monitoring reports from March 2018 to May 2018.
- The agency's statement of purpose (2018).
- Policies and procedures relating to: staff recruitment, induction and safeguarding.
- Record of incidents reportable to RQIA in 2017/2018.

- A range of quality monitoring reports from the Health and Social Care Trusts.
- (HSC Trust) who commission care.
- Equality and Diversity Policy, 2018.
- Complaints Policy, 2018.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 September 2017

The most recent inspection of the agency was an unannounced follow up care inspection.

6.2 Review of areas for improvement from the last care inspection dated 27 September 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place. The inspector examined three staff files which showed that appropriate pre-employment checks had taken place. This is a very large agency with staff and services users across the province, recruitment is ongoing. The manager ensures adequate staff numbers by offering work flexibility and conducting exit interviews with staff to determine reasons for leaving. The quality monitoring officer also described new start meetings during and following induction to help new recruits feel supported in their roles. These initiatives are to be commended. The manager described the difficulties that can be experienced when sourcing references for new recruits; the inspector advised that where references are provided with minimal information and the agency follows up with a telephone conversation with the referee for clarification purposes, the content of the call should be recorded. This matter will be reviewed at the next inspection.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations. Staff stated that they are required to shadow other staff members during their induction. The inspector spoke to six staff who provided positive feedback about their induction and described how they were supported by the other staff and the registered manager. Records reviewed evidenced staff members' registration with the Northern Ireland Social Care Council (NISCC) and the manager described the system in place to review staff renewal of registration.

Records of training and staff feedback indicated that staff attend a range of training in accordance with regulations, minimum standards and the agency's assessment of training needs. The agency has a training suite to facilitate face to face training in mandatory training subjects.

The inspector noted that the provision of supervision, annual appraisal, training and induction are monitored on a regular basis by the manager and by the quality monitoring officer responsible for overseeing the quality of service provision.

The manager, assistant manager and Human Resources manager discussed matters raised by an anonymous whistle-blower to RQIA; these matters had been reported by RQIA to the commissioning HSC Trust. The investigation by the HSC Trust is currently ongoing and the matter has been referred as a safeguarding concern. The inspector reviewed the agency's response to the initial concerns raised and noted that the matter had been investigated internally at first and some precautionary measures put in place. However the agency did not notify the HSC Trust of these issues initially and given that concerns involved service users and the potential for abuse, this is an area for improvement.

The agency's adult safeguarding procedures are in accordance with the regional policy and procedures. Staff who met with the inspector advised that safeguarding training is provided regularly and that safeguarding is discussed during staff meetings.

Staff described how they support service users to be involved in the development and review of their care plans. Staff stated that they record details of the care provided to service users at each visit. Records reviewed confirmed staff are recording appropriately and that the principles of good record keeping is reinforced at supervision and during staff meetings. The agency also audits returned daily log records to ensure accuracy and consistency with care plans.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. The review of records during the inspection confirmed that the agency worked collaboratively with professionals to manage potential risks. The agency maintained records of all incidents and accidents reports which were shared with relevant HSC Trust. Incidents and accidents were audited on a monthly basis by the assistant managers and any learning outcomes were shared as appropriate to the staff team via staff meetings and/or the agency's newsletter.

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. 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; examples given included manual handling and infection control. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “Very fortunate with our girls.”
- “Delighted with it.”
- “No concerns at all.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment (new start meetings), induction, training, supervision and appraisal.

Areas for improvement

The registered manager should ensure that all relevant persons and agencies are notified of the outcome of any investigations undertaken by the agency.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is outlined in the Statement of Purpose 2018) and Service User Guide (2018).

The inspector reviewed three service users' care and support plans. The inspector was informed that care and support plans are reviewed by the agency at least annually.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user. Feedback received by the inspector from staff indicated that service users or their relatives have a genuine influence on the content of their care plans.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services and this was evident during review of agency records and discussions with staff. This included involvement in service user care reviews, service user monitoring visits or telephone calls and an annual quality assurance/satisfaction survey. Records viewed by the inspector recorded no concerns regarding staff practice during spot check and monitoring visits.

Review of team meeting records indicated that team meetings took place regularly, the manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the team is supportive to each other and that staff communication is good.

The manager confirmed that HSC Trust representatives were contactable when required, regarding service user matters, and evidence of these communications were evident during inspection. Following the inspection the inspector spoke on the telephone with professionals from two of the HSC Trusts who commission care. Comments included;

- “Service users are well looked after.”
- “Clients have a high regard for this agency.”
- “This agency is very responsive and really helpful.”

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers’ timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular member of staff.

No issues regarding communication between the service users, relatives and staff from Connected Health were raised with the UCO. The service users and relatives advised that home visits have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place or they had received a questionnaire from the agency.

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

- “Couldn’t be any better.”
- “They keep a tight eye on XXX and let me know if there are any concerns.”
- “Doing a great job.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between service users and agency staff.

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 care compassionate?

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

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Observation of staff practice carried out within service users' homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with staff. With the exception of the matter currently under investigation as discussed in section 6.4 of this report records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

There are processes in place to promote effective engagement with service users they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings, annual survey and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided. This was supported during the UCO discussions with service users and families.

The inspector was informed of a "one page profile" document which is being added to service user records. This document describes on one page the matters important to the service user and information designed to help carers communicate meaningfully with the individuals they visit. An example was available on the day of inspection and the inspector commends the person centred, easy read information which has been thoughtfully constructed.

Compliments from relatives reviewed during inspection provided the following information in support of compassionate care:

- "You have gone the extra mile."
- "XXXX thinks the staff of Connected are brilliant."
- "There is kindness, thoughtfulness and professionalism."

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect.

Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

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, phone calls 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 friendly. We enjoy the banter with them."
- "Great bunch of girls."
- "Lovely girls. Brilliant with XXX."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care (one page profile) 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

6.7 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 inspector viewed the management arrangements and found there was a clear organisational structure. The registered manager, Lorraine Corr leads a team of staff including area managers and care workers.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained information in compliance with the relevant standards and regulations.

On the date of inspection the RQIA certificate was displayed appropriately and was reflective of the service provided.

The policy and procedures which were reviewed were discussed with the manager. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures.

The agency retains a record of all complaints or compliments received. The inspector reviewed complaints records received by the agency since the last inspection. The complaints records sampled indicated that the response from the agency had been appropriate.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSC Trust representatives. Staff spoken with demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

Staff comments included:

- "This service is very well managed"
- "We have access to a manager when we need to".
- "I love working here; it is a very good company"

The agency has developed and maintained a robust quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. The quality monitoring system provides an effective standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, relatives and HSC Trust professionals. The inspector noted positive comments made by service users, relatives and HSC Trust professionals during the monthly quality monitoring.

The inspector discussed arrangements in place that relate to the equality 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. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care

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.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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, registered 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: Standard 14.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all relevant persons and agencies are notified of the outcome of any investigations undertaken by the agency.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Immediate Action: An Audit monthly monitoring process has been set in place for each Area and will be reviewed by the Senior Management to ensure that relevant persons and agencies are notified of all outcomes of any investigations undertaken by Connected Health. The audit will ensure appropriate action is taken, lessons are shared and learning implemented throughout Connected Health Quality Monitoring and Training Processes.</p> <p>Senior Management scheduled Team meetings in all areas, where the complaints process was addressed and discussed in detail to every staff member, this was to ensure that all staff are aware of the process and when to implement appropriate actions when recording and reporting complaints.</p> <p>Service Manager has devised a (PIP) Personal Improvement Plan with HR this will be implemented if a staff member has shortcomings in order to monitor and improve performance.</p> <p>The Register Manager has implemented a Policy on Duty of Candour, which details transparency to ensure effective recording and reporting to all relevant persons in order to ensure positive, responsive action is taken and lessons learnt are detailed.</p> <p>The Manager has reviewed Connected Healths Induction training and included case studies that detail recording and reporting errors made and based learning outcomes implemented from immediate effect</p>

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



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