

Announced Care Inspection Report 27 July 2017



Connected Health Domiciliary Care Ltd

Type of Service: Domiciliary Care Agency/Conventional
**Address: 3B Boucher Business Studios, Glenmachan Place,
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Tel No: 028 9032 9777
Inspector: Jim McBride
Clair Mc Connell User Consultation Officer (UCO)

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Assurance, Challenge and Improvement in Health and Social Care

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 233 provides community based domiciliary care services to approximately 664 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. The provision mainly operates in the locality areas of greater Belfast, Dunmurry, Lisburn and Hillsborough. Service provision is commissioned through the Belfast Health and Social Care Trust, South Eastern Health and Social Care Trust, Southern Health and Social Care Trust and recently the Western Health and Social Care Trust.

3.0 Service details

Organisation/Registered Provider: Connected Health Responsible Individual: Douglas Adams	Registered Manager: Lorraine Corr (Acting Manager)
Person in charge at the time of inspection: Lorraine Corr (Acting Manager)	Date manager registered: (Awaiting Registration)

4.0 Inspection summary

An announced inspection took place on 27 July 2017 from 09.00 to 13.00.

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 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 recruitment;
- Staff induction;
- Quality monitoring;
- Staff supervision;
- Staff training and development.

No areas requiring improvement were identified.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lorraine Corr, Acting Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 22 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 September 2016.

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 2016/2017
- The previous inspection report and Quality Improvement Plan(QIP)
- Record of complaints 2016/17
- Any correspondence received by RQIA since the previous inspection.

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and seven relatives, by telephone, between 13 and 15 June 2017 to obtain their views of the service. The service users interviewed have received assistance with personal care and meals.

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

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

During the inspection day the inspector spoke with the acting manager to discuss her views regarding care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

The acting manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Ten staff questionnaires were returned to RQIA prior to the issue of this report. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Service user quality monitoring contacts
- Staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- Staff training records including:
 - Safeguarding
 - Handling client's monies
 - Medication

- Moving and handling
- Infection control
- First aid
- Recording and reporting
- Restraint
- A range of quality monitoring records
- Complaints log
- Monthly monitoring reports from December 2016 to May 2017
- Annual quality report for 2017
- The agency's statement of purpose (2017)
- Policies and procedures relating to: staff recruitment, induction and safeguarding
- Record of incidents reportable to RQIA in 2016/2017.

Areas for improvement identified at the last care inspection were reviewed and assessed as compliant and recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 September 2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 22 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with :		Validation of compliance
Area for improvement 1 Ref: Standard 8.12 Stated: First time	The registered provider is recommended to expand their annual quality review process to include staff and service commissioners' views.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector examined the agency's 2017 comprehensive annual quality report which confirmed that the commissioners' views have been included. The documentation in place was satisfactory and has been referred to in the body of this report.</p>	
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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.

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 use of equipment. 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:

- "No concerns with the care or using the hoist"
- "Any issues they let us know"
- "XXX can get agitated but the girls are great at working with her."

A range of policies and procedures was reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards. Staff files were sampled relating to recruitment of care workers which verified that the pre-employment information and documents had been obtained as required for care workers. All recruitment records were compliant.

A comprehensive induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards and was in line with the regulation and standard.

The acting manager confirmed that staff received a comprehensive induction, and where necessary additional shadowing days are available where staff felt they require additional time. All of the staff members' records reviewed confirmed that they were or had applied to be registered with NISCC in line with NISCC timeframes and guidelines. The acting manager

confirmed the majority of staff are registered with NISCC, with the remaining staff moving towards registration.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure (March 2017) provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The role and responsibilities of the 'safeguarding champion' were outlined within the policy.

The agency's whistleblowing policy (March 2017) and procedure was found to be satisfactory. The agency has had five safeguarding matters reported since the previous inspection; discussion with staff and review of records confirmed they had been investigated and reported to RQIA or other relevant bodies appropriately.

Staff training records viewed for 2016-17 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas.

Records reviewed for staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. The inspection confirmed the availability of continuous ongoing update training, alongside supervision and appraisal processes.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Ten returned questionnaires from staff indicated:

- They feel that service users are safe and protected from harm
- There are risk assessments and care plans in place for the people who use the service
- Feel they receive appropriate training for their role
- They receive supervision and appraisal.

Questionnaire comments:

- "Care is excellent"
- "The service users are provided with the best level of care"
- "I always follow care plans. And adhere to my training"
- "Could not be better"
- "I go over and above support in my role"
- "My care will be safe if I stick to the care plans and my training."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff, training, supervision, appraisal and recruitment.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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 carer.

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 or phone calls have taken place as well as questionnaires being sent out by the agency 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.

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

- "My XXX is confused so consistent carers is great"
- "The agency has gone above and beyond what they have to do. We really appreciate it as we don't live locally"
- "Would give them 100%."

The agency's arrangements for appropriately assessing the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guides (March 2017).

The inspector was informed that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessment provided by the HSC Trust multi-disciplinary team. Service users receive a yearly review or more often if required.

The agency facilitates regular staff meeting for community staff and the inspector noted some of the areas for discussion whilst reviewing the minutes of a number of meetings:

- Spot checks
- Uniforms/ID
- NISCC
- Confidentiality
- Client records
- Recording and reporting
- Missed calls policy
- Care Plans.

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a director of the agency. 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 some of the comments made by service users, relatives and HSC Trust professionals during the monthly quality monitoring.

Service users:

- “I’m very happy they are all very nice”
- “I have no problems”
- “I’m very happy with the staff”
- “The girls are lovely and are so pleasant when they come in”
- “They are all very helpful.”

Relatives:

- “Girls are great”
- “I’m happy with the care given”
- “Carers are consistent”
- “Staff care in a very professional manner”
- “The carers have settled and we are very happy.”

HSC Trust Staff:

- “Good quality of care service provided”
- “Good level of communication between me and the agency”
- “Always a good professional standard”
- “A professional care agency that, provides good quality care”
- “Good client satisfaction”
- “Staff are knowledgeable and approachable.”

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. It was evident that the agency works effectively to implement appropriate individual communication methods and participate in ongoing re-evaluation to enhance services provided to the service users.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users and relatives, including through routinely speaking with service users and relatives and being available for discussion daily.

Ten returned questionnaires from staff indicated that:

- Service users get the right care, at the right time and with the best outcome for them.
- Service users involved in the development of their plan of care.

Questionnaire comments:

- “A monitoring officer is in charge of quality”
- “Quality monitoring is in place”
- “Staff are required to record any changes and report these to team leaders”
- “Could not be better.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews as well communication between service users and agency staff. No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

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 or 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:

- “Would do anything for us”
- “They’re like friends. Great bunch of girls”
- “We have built up a relationship with them.”

The agency carries out comprehensive service user quality monitoring on an ongoing basis through home visits, spot checks, telephone contact, monthly quality monitoring by the registered provider and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs.

Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

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. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. The inspector noted the areas monitored during spot checks include:

- Medication
- Attitude
- Uniform
- Punctuality
- Daily record sheets
- Tasks completed.

Comments made during observations of practice:

- “Good communication and good listening skills”
- “Excellent attitude very respectful staff”
- “Good task recording”
- “Completed all care tasks as per the care plan”
- “Good interaction with client”
- “Staff member got on well with client and co-worker”
- “Good use of equipment”
- “Good record keeping”
- “Good infection control techniques”
- “The staff member administered medication competently and safely.”

Ten returned questionnaires from staff indicated that:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- They were satisfied that the people who use the service have their views listened to.
- They were satisfied that improvements are made in line with the views of the people who use the service
- They were satisfied that the agency provides the people who use the service with information on their rights, including the choices and decisions they can make about the service they receive.

Questionnaire comments:

- “All service users are monitored closely to ensure they feel happy and content with the staff providing care”
- “We monitor clients to gain feedback”
- “Service users are very well treated with dignity and respect at all times”
- “Anonymous feedback is sought at times as well as monthly quality monitoring.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred compassionate care and the effective engagement of service users.

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.

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. One relative advised that a complaint had been made regarding staff attitude and that they were satisfied with the outcome. No concerns regarding the management of the agency were raised during the interviews.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance established by the agency have been implemented. The agency is managed on a day to day basis by an acting manager and a range of staff with specific roles and responsibilities.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA.

The inspector noted positive feedback from the HSC Trust professionals regarding the ability of the agency to work in partnership, and their commitment to learn, develop and implement strategies consistently to ensure the best support is available to service users.

The agency maintains a comprehensive range of policies and procedures which were highlighted during inspection. These policies were in line with the three year timeframe recommended in the domiciliary care agency standards. Policies and procedures are accessible to all staff.

The agency maintains and implements a policy relating to complaints. The inspector noted that a number of complaints had been received during the reporting period of 01 April 2016 to 31 March 2017. These were dealt with effectively by the agency and to the satisfaction of the complainant. Review of these records supported appropriate processes in place for complaints review.

There are effective systems of formal and informal staff supervision and consultation, both inside and outside of normal working hours. The inspector noted some of the areas discussed with staff during supervision:

- How are you finding your current job role?
- Do you feel competent in all areas of mandatory training?
- Do you feel competent in administering medication?
- Is there anything connected health can do to improve your job role?

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and service users. It was evident to the inspector that effective partnership working with HSC Trust professionals has resulted in positive outcomes for service users.

The inspector noted the positive results of the annual quality review (2017) completed by the agency. The service users had the opportunity to comment on the following areas:

- Do staff turn up on time to carry out your call?
- Do the staff carry out the tasks as per your care plan?
- Do you feel the staff are qualified for the job role?
- Do the staff treat you with dignity and respect?

- Are you happy with the service Connected Health provides?
- Do you know how to contact your area manager out of hours in an emergency?
- Are staff always in uniform and have ID?

Samples of comments from service users:

- “Staff are great”
- “Staff are excellent”
- “Friendly, reliable and helpful staff”
- “Staff are very efficient”
- “Staff do a great job”
- “Staff are always very pleasant.”
- “Staff brighten my day”
- “I’m spoiled rotten by connected health’s staff”
- “I’m thankful that if staff are running late they let me know”
- “I like the consistency of staff.”

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC (The Northern Ireland Social Care Council). Documentation in place indicated that the remaining staff have submitted their application and are awaiting their registration certificates.

Ten returned questionnaires from staff indicated that:

- The service is managed well
- They were satisfied that quality monitoring is undertaken regularly for both staff and people who use the service
- Were satisfied that complaints from the people who use the service are listened to
- Were satisfied that the current staffing arrangement meets the service user’s needs.

Questionnaire Comments:

- “My area manager has kept me informed of my training”
- “The company is well led and has a good management structure”
- “Managers are very helpful with any issues or concerns”
- “Supervision is often in clients’ homes with their feedback being sought”
- “All well managed”
- “Senior staff carry out regular spot checks”
- “Clients are always asked for their feedback.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s management of complaints and incidents.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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