

# Announced Care Inspection Report 21 February 2019



## Community Stroke Team

**Domiciliary Care Agency  
Shankill Centre,  
83 Shankill Road, Belfast, BT13 1PQ  
Tel No: 02895040325  
Inspector: Caroline Rix  
User Consultation Officer (UCO): Clair McConnell  
Observer, Service Development Officer: Gemma Murray**

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

The Belfast Health and Social Care Trust Community Stroke team is a domiciliary care agency which provides rehabilitation services and support to service users who require rehabilitation following a diagnosis of stroke.

The service includes a range of personal care services to people living in their own homes in the Belfast area. A professional team including an occupational therapist, physiotherapist, speech and language therapist, dietitian and social worker assess and plan care for the service users and provide professional intervention as required.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual:</b> Martin Joseph Dillon	<b>Registered Manager:</b> Karen Lucille Davison
<b>Person in charge at the time of inspection:</b> Karen Lucille Davison	<b>Date manager registered:</b> 09/03/2015

### 4.0 Inspection summary

An announced inspection took place on 21 February 2019 from 09.30 to 15.30 hours.

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 identified in relation to staff training, supervision and appraisal, adult safeguarding, risk management, care reviews, and communication between service users, staff and other key stakeholders. Further areas of good practice were also identified in regards to the provision of compassionate care and the involvement of service users, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No areas requiring improvement were identified during this inspection.

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. The inspector would like to thank the staff for their warm welcome and full cooperation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager, Karen Davison, and the Stroke Services 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 26 March 2018

No further actions were required to be taken following the most recent inspection on 26 March 2018.

## 5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2018/19
- All communications with the agency by RQIA
- User consultation report

During the inspection the inspector met with the manager and two rehabilitation assistants to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. The staff gave a comprehensive overview of the service and their feedback is contained within the body of this report.

As part of the inspection the User Consultation Officer (UCO) spoke with two service users and three relatives, by telephone, on 23 January 2019 to obtain their views of the service. The team provides care provision and rehabilitation to stroke survivors following their discharge from hospital. The team includes occupational therapists, physiotherapists, speech and language therapists, dietitian, social worker and rehabilitation assistants who help the service users with personal care and exercises as part of their ongoing rehabilitation. Their feedback is contained within the body of this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the agency to allow relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received. In addition information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

The manager was asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No staff responses were received by RQIA at the time of issuing this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting
- Two staff recruitment records
- Three staff supervision records
- Three staff appraisal records
- Three staff training records
- Staff training plan

- Staff meeting minutes
- Staff Northern Ireland Social Care Council (NISCC) registration information and renewal process for registration
- Statement of purpose
- Service user guide
- Seven service users' records regarding care and support plans, reviews and quality monitoring
- Three of the agency's monthly monitoring reports
- Quality review report for January to June 2018
- Records of communication with other professionals
- Notification and incident records
- Complaints log
- Compliments log and records

The findings of the inspection were provided to the manager Karen Davison and the Stroke Services Manager, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 26 March 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 26 March 2018

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.**

A range of policies and procedures were 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.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation has a central Human Resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Records viewed and

discussions with the manager confirmed that all pre-employment information has been satisfactorily completed and verified in line with regulations and standards.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with NISCC. The manager discussed the system in place to identify when staffs are due to renew registration with NISCC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place that includes a system for shadowing other staff, which is compliant with Regulation 16. (5)(a). The manager confirmed that no new rehabilitation assistants have been appointed recently; therefore the inspector did not review induction records.

The manager confirmed that the organisation have appointment a nurse and a psychologist. These specialist team members are due to join the community rehabilitation stroke team in April 2019. The manager described the importance of their expected input on the quality of services they can provide to their service users.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed all relevant training.

Records of training and staff feedback indicated that staffs complete a range of training necessary to meet the individual needs of service users and to develop their knowledge and skills for example: swallowing awareness, communications skills, occupational therapy activities, stimulation exercise programme and human rights training. The organisation has a learning and development team to assist managers in ensuring that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the manager and the health professionals. Staff confirmed senior staffs are approachable and available at any time for support and guidance.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' protocol provided clear information and guidance as required; in line with (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'.

The details of the agency's Adult Safeguarding Champion with key responsibilities are detailed in their procedure. The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's protocol and procedures. No referrals have been made since the last inspection.

The agency's whistleblowing policy and procedure was found to be satisfactory. Staff demonstrated a clear understanding of the whistleblowing procedure. The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records

confirmed that risk assessments had been completed in conjunction with service users/representatives and were regularly reviewed.

The UCO was advised by all of the service users and relatives spoken with that there were no concerns regarding the safety of care being provided by the stroke team. Service users have regular appointments with their occupational therapist and / or speech and language therapist, as well as a physiotherapist who demonstrated the appropriate exercises to the rehabilitation assistants. No issues with the staff training in relation to the use of equipment or physiotherapy were raised with the UCO.

Examples of some of the comments made by the service users and relatives spoken with are listed below:

- “Consistency is great. XXX has got to know them.”
- “Well looked after.”
- “Really pleased with the support from the stroke team.”

Staff commented during inspection:

- “Our training is very good and is specific to the needs of our service users. Some of the training is e-learning as well as group settings with the specialist stroke team therapist’s.”
- “We meet regularly to review service users’ progress and therapists do joint calls with us. Our team are well experienced and trained to know when to contact the therapists if a service users’ needs change.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, training, adult protection and management of risks.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**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 inspector examined seven service users’ care records. The care plans and risk assessments had been confirmed during their initial service visits and contained evidence that service users’ and/or relatives’ views had been obtained and where possible, incorporated. The care plans reviewed were up to date, and clearly detailed the service users’ needs and how the

service user wished for these to be met. There was evidence that the multi-disciplinary team review each service user's rehabilitation progress regularly and amend care plans as required.

The UCO was informed that care is being provided by a regular team and there were no concerns regarding timekeeping or missed calls. It was felt that care was not being rushed and that the rehabilitation assistants provide valuable support and information to the service users and their relatives. Communication was felt to be very good with service users and their families being involved in decisions regarding the care.

The service users and relatives confirmed that they could raise any concerns with the professional team, and that they had the contact information for the office should they need to contact the manager. One service user informed the UCO that the registered manager had visited to ensure satisfaction with the service.

Examples of some of the comments made by the service users and relatives interviewed are listed below:

- "Great support from the manager."
- "Really positive experience."
- "It's been great to get intense support so quickly."

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

The inspector confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. From the records reviewed, no staff practice issues were identified for improvement; records detailed observation of manual handling practices along with a variety of other tasks. It was good to note positive comments from service users had been recorded on the monitoring records.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. The manager advised that care reviews with the service users, relatives and agency team were held six monthly or as required.

Staff commented during inspection:

- "I love my job, it is so rewarding to see service users achieve their goals and become more independent."
- "We have a great team who work well together with service users and their families. I cried with a service user and their family last week, when they were able to walk again, knowing they had achieved a massive goal, with a bit of help from us."

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.

The agency carried out service user quality monitoring contacts on an ongoing basis to specifically ascertain and include the views of the service users and their representatives. Records reviewed during inspection support ongoing review of service users' needs. The Service User Guide provided at the start of their service contains relevant details and the information is written in plain language which seems easy to follow. The service users are provided with information relating to support organisations and groups such as Northern Ireland Chest, Heart and Stroke and stroke family liaison officers visit as part of the rehabilitation support service.

All of the service users and relatives spoken with by the UCO felt that the care was compassionate and that the service users are treated with dignity and respect by the team. Care was not felt to be rushed with rehabilitation assistants taking the time to talk and providing support during a difficult time to the service users and families.

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

- "XXX looks forward to them coming."
- "All very nice."
- "Fantastic girls."

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Staff members commented during the inspection:

- "The team have built up trust and relationships with our service users and families, it is lovely to see them improve and progress in their rehabilitation to the point they no longer need our help. I feel the service users and their families really appreciated what we do."
- "I really love my job. It is important to ask for the family input as well, they help us learn about each service user's preferences, likes and dislikes. It is important to understand how they like things done."

The inspector reviewed the records of monitoring visits within the files sampled which confirmed these had been completed in line with the timescales as detailed in the procedure. A planning

tool was viewed which detailed when each service user was due their next home monitoring visit and the date it had been completed.

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

- 'Thank you to all your team. The stroke service helped me back on my feet and I would recommend them to anyone. Without them I could not have made it back to health.' (Service user survey feedback).
- 'We could never have coped without your help. We could not find the words to describe how much you all meant to us. Thank you all.' (Thank you card from a service user and family).
- 'I hoped to get back to doing what I normally did before I had the stroke. Everything was discussed with me step by step. The team were professional, supportive and encouraging. Thank you.' (Feedback on survey from a service user).

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred; compassionate care to meet the individual assessed needs of service users. There was evidence of the effective engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of improving the quality of the service provided.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated January 2019. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities. The staff members spoken with indicated that the manager therapists and co-ordinator were supportive and approachable.

Staff members commented during the inspection:

- “I enjoy my job. If I have any issues or problems I can speak with the manager or coordinator to get it sorted out. They are all very approachable and it is reassuring knowing I can ask for advice any time.”
- “The only downside of my job is driving when the weather is bad.”

The agency holds regular team meetings in which opportunities were given to staff to share information and learning. The minutes of recent meetings viewed detailed effective communications within the team. The staff had been provided with guidance on ‘keeping safe from car crime’ developed in conjunction with the Police Service of Northern Ireland (PSNI) in January 2019.

A range of policies viewed by the inspector were noted to have been reviewed, updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff. A handbook containing community stroke service specific policies and procedures is provided to all staff, and paper policies and procedures are retained in the office available to staff daily.

All of the service users and relatives spoken with by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service and felt that the registered manager was very supportive.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, quarterly monitoring meetings with multi-disciplinary team, service user six monthly care reviews and the annual quality report.

The inspector reviewed the feedback received by the agency as part of their independent Stroke service continuous improvement review for January to June 2018. The inspector noted that the information collated during the survey report was very positive with some suggestions for improvement, and had been shared with service users and staff. The manager explained that this feedback had confirmed their need to appoint a psychologist and nurse.

Monthly monitoring reports were viewed for audits completed from November 2018 to January 2019. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by a senior manager who has a good working knowledge of the service.

Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation and training.

The agency maintains and implements a policy relating to complaints. The inspector noted that no complaints had been received since the last inspection.

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.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)