



**The Regulation and
Quality Improvement
Authority**

**Community Stroke Team
RQIA ID: 10971
c/o Shankill Centre
83 Shankill Road, Belfast
BT13 1PQ**

Inspector: Michele Kelly

User Consultation Officer: Clair McConnell

Inspection ID: IN23893

Tel: 02895040324

Email: karen.davison@belfasttrust.hscni.net

**Announced Care Inspection
of
Community Stroke Team**

08 December 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An announced care inspection took place on 08 December 2015 from 09.30 to 14.30 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the QIP within this report were discussed with the registered manager Karen Davison as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast Health and Social Care Trust/ Mr Martin Joseph Dillon	Registered Manager: Mrs Karen Lucille Davison
Person in charge of the agency at the time of inspection: Mrs Karen Lucille Davison	Date Manager Registered: 09 March 2015
Number of service users in receipt of a service on the day of inspection: 15	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report.

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

- Discussion with the registered manager
- Consultation with two care staff
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and four relatives on 23 November 2015 to obtain their views of the service. The service users interviewed receive physiotherapy and assistance with personal care, medication and meals.

On the day of inspection the inspector met with two care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report. The inspector gave the registered manager ten questionnaires to distribute to randomly selected staff members for their completion, asking for their views regarding the service, and return to RQIA. Three staff questionnaires were received following the inspection; feedback is included within the body of this report.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Three service user records in respect of the agency quality monitoring via face to face contact and trust review process
- Staff meeting agenda and minutes for November 2015
- Three staff quality monitoring records
- Staff duty rota for October/November 2015
- Staff Handbook
- Complaints log
- Monthly monitoring reports

- Annual quality report
- Procedure for management of missed calls
- Management staff daily contact log records/on call logs for September/October 2015
- Four communication records with trust professionals.

5. The Inspection

Profile of service

The Community Stroke Team is a domiciliary care agency operating under the auspices of the Belfast Health and Social Care Trust in the area of North and West Belfast. There are fifteen services users currently and eight staff provide therapeutic and care inputs. The focus is on maximising individuals' independence following stroke through provision of short term care packages lasting four to eight weeks.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 6 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 11(3)	The registering person/registering manager is required to ensure training is compliant for all management staff in line with Regulation 11(3), Minimum standards 12.3, 12.4, 12.7 and 12.9 and in line with RQIA mandatory training guidelines 2012 and include associated staff competency assessments for all areas. As discussed within theme one, criteria one of the report.	Met
	Action taken as confirmed during the inspection: The inspector viewed evidence of the registered manager's attendance at mandatory training since the last inspection in line with RQIA mandatory training guidelines 2012. Associated competency assessments had been completed.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 9.5	<p>The registering person/registering manager is recommended to review all policies three yearly in compliance with the domiciliary care agencies minimum standard 9.5.</p> <p>As discussed within theme three, criteria one of the report.</p> <p>Action taken as confirmed during the inspection: The inspector viewed an email from HSC Trust confirming Recruitment and Selection Policies had been reviewed and was in draft form awaiting approval by the Policy subcommittee.</p>	Met

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from the HSC Trust contained information regarding the service users and/or their representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users and/or their representative's views had been obtained and incorporated. The Community Stroke team aim to provide a seamless service by initially visiting referred service users in hospital before discharge and referring to a care manager if ongoing care input is required when the rehabilitation service is due to end. The registered manager confirmed the agency input to a service user would not cease until appropriate care services had commenced.

There were mixed results regarding service users being advised of the names of their carers; this would be good practice for the agency to do so if possible.

Is Care Effective?

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise. The registered manager confirmed there had been no complaints since the last inspection in January 2015.

The people interviewed were unable to confirm that they been contacted by the agency's management to discuss their care or that observation of staff practice had taken place in their home. They were also not able to confirm that questionnaires had been sent out; however the UCO acknowledges that the service provided is of a short term nature. The registered manager confirmed that satisfaction questionnaires are sent to each service user when the service user is due to leave the scheme and the inspector viewed evidence in service user files of returned questionnaires. These included compliments and gratitude regarding the unique, intensive rehabilitation provided by carers from the agency.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis.

No staff practise issues were identified during these spot checks. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed.

The inspector examined the training matrix and two staff members had not received updates in Safeguarding Vulnerable Adults and a requirement is made. The inspector noted that the carers received training specific to stroke which included;

"Emotional changes after stroke"
 "Nutrition after a stroke"
 "Thrombolysis"
 "Clot Retrieval".

The registered manager explained that this extra training equipped carers to reassure service users and answer their queries about some aspects of their care. Three members of staff returned questionnaires which indicated satisfaction with training provided although one person indicated they were unsatisfied in training in the areas of Mental Health and Dementia. This matter was communicated to the manager who explained there were plans to include further training in these areas in the future.

Is Care Compassionate?

Two staff members spoken to on the day of inspection confirmed that goals are set with each individual service user and often families are also involved. They spoke enthusiastically about enjoying their work especially as they see progress being made due to the combined efforts of the different professionals working within the Community Stroke team. They both emphasised that care is never rushed and that the nature of the service allows them to spend the time required allowing service users to make progress towards set goals and achieving as much independence as possible.

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Belfast Trust's community stroke team. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "Looked after well; no complaints".
- "We would be lost without them".
- "They are very good to my XXX".
- "Would praise them".

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding working with stroke sufferers. They are also aware of whom they should contact if any issues arise.

Areas for Improvement

The registered person must ensure all staff have completed mandatory training in respect of Safeguarding Vulnerable Adults.

Number of Requirements:	1	Number of Recommendations:	0
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and protocols for the management of missed or late calls. Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails and evidence of these communications were verified during the inspection. The registered manager currently provides a brief quantitative report on a monthly basis to the registered person. This report is discussed at bi-monthly governance meetings and information included in quarterly governance reports. This process was explained to the Inspector at inspection and confirmed in an email subsequent to the inspection. It is recommended that the registered person further develops the monthly monitoring process and report by ensuring reports contain qualitative comments summarising the views of service users and/or their carers/representatives. The report should also describe actions taken by the registered person or the registered manager to ensure the organisation is being managed in accordance with minimum standards. The Inspector advised that the report should be completed by a person who does not have day to day responsibility for managing the service.

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they had not experienced any missed calls from the agency.

Staff interviewed confirmed that they felt supported by senior staff and demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home.

Is Care Compassionate?

As previously detailed under theme one of this report; service users and their relatives spoken with by the UCO highlighted service quality in general to be good with appropriately trained and skilled staff who delivered compassionate care. Returned questionnaires confirmed that staff were satisfied that service users were afforded privacy, dignity and choice at all times and were encouraged to exercise choice and independence.

Areas for Improvement

It is recommended that the registered person further develops the monthly monitoring process and report.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The Issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Karen Davison registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk (paperlite) and assessed by the Inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 16 (2) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 08 February 2016</p>	<p>The registered person shall ensure that each employee of the agency</p> <p>(a) Receives training and appraisal which are appropriate for the work he is to perform.</p> <p>Refers to two members of staff who require updates in Safeguarding Vulnerable Adults.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The two staff members have been booked to attend Safeguarding Vulnerable Adults Training.</p> <p>Dates are 24th February 2016 and 4th March 2016.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be Completed by: 08 February 2016</p>	<p>The registered person is recommended to monitor the quality of services and complete a monitoring report on a monthly basis. This report should summarise views of service users and/or their representatives and actions taken to ensure the organisation is being managed in accordance with minimum standards.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Registered manager will review and update the monitoring report currently used to summarise views of the service users and /or their representatives and actions taken to ensure the organisation is being managed in accordance with minimum standards.</p>

Registered Manager Completing QIP	Karen Davison	Date Completed	5/2/16
Registered Person Approving QIP	<i>Maria Diller</i>	Date Approved	3/2/16
RQIA Inspector Assessing Response	<i>A. Kelly</i>	Date Approved	16/2/16

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