

# Unannounced Domiciliary Care Agency Inspection Report 13 October 2016



## Belfast Health and Social Care Trust Intermediate Care Services

Type of service: Domiciliary Care Agency

Address: c/o Shankill Centre, 83 Shankill Road, Belfast, BT13 1PD

Tel no: 02895049474

Inspector: Amanda Jackson

## 1.0 Summary

An unannounced inspection of the Belfast Health and Social Care Trust Intermediate Care services took place on 13 October 2016 from 09.30 to 14.00 hours.

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

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

No areas for quality improvement were identified.

### **Is care effective?**

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

No areas for quality improvement were identified.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified.

### **Is the service well led?**

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and presented appropriate knowledge in regards to the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

No areas for quality improvement were identified.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Sharon Adair, registered 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast HSC Trust/Mr Martin Joseph Dillon	<b>Registered manager:</b> Mrs Charlotte (Sharon) Mary Adair
<b>Person in charge of the service at the time of inspection:</b> Mrs Charlotte (Sharon) Mary Adair	<b>Date manager registered:</b> 09 September 2016

## 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the registered manager
- Consultation with eight rehabilitation assistants and one co-ordinator;
- Examination of records
- File audits
- Evaluation and feedback.

The Belfast Trust's Intermediate Care Services provides assistance with personal care, meals, physiotherapy and occupational therapy to service users following discharge from hospital.

Prior to the inspection the User consultation officer (UCO) spoke with four relatives, by telephone, on 4 October 2016 to obtain their views of the service.

On the day of inspection the inspector met with eight rehabilitation assistants and one co-ordinator to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. No staff questionnaires were returned to RQIA.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Three recently recruited staff members records
- Induction policy and procedure, programme of induction and supporting templates
- Three recently recruited staff members induction and training records
- Training and development policy and procedure
- Supervision and appraisal policy and procedure
- Three long term staff members quality monitoring, supervision and appraisal records
- Three long term staff members training records
- Six staff duty rotas
- Staff handbook
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Three new service user records regarding referral, assessment, care planning and review
- Recording and reporting policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three service users home recording records
- One monthly monitoring report completed by the registered manager and the acting service manager
- Three compliments
- Two staff meeting minutes
- Three communications to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Complaints policy and procedure
- Three complaints records
- Policy on reporting adverse incidents and untoward incidents.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 08 February 2016**

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

#### **4.2 Review of requirements and recommendations from the last care inspection dated 08 February 2016**

There were no requirements or recommendations made as a result of the last care inspection.

#### **4.3 Is care safe?**

The agency currently provides services to 30 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards with exception to the staff induction policy which requires updating by the Belfast Health and Social Care Trust (BHSCT) in line with regulation timeframes.

Three files were discussed relating to recently appointed staff. The registered manager verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. A number of staff are currently registered with NISCC with the remaining staff registering in line with NISCC timeframes for domiciliary care workers. This was evidenced within one staff file reviewed. One of the eight rehabilitation staff interviewed during the inspection day had commenced employment within the previous year. This staff member described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by Intermediate Care Services or the carers' training.

It was noted that the agency informs the service users of their carers' names and care is provided by a regular team. All of the relatives interviewed confirmed that they could approach the carers if they had any concerns. Examples of some of the comments made by relatives are listed below:

- "Very, very good service."
- "Peace of mind for me that the carers call regularly with XXX."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance with the required standards. The policy requires updating in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The registered manager provided assurances the policy would be updated accordingly. The agency's whistleblowing policy and procedure was found to be satisfactory but also requires updating by the Belfast Health and Social Care Trust (BHSCT) in line with regulation timeframes.

Staff training records viewed for 2015/2016 confirmed all rehabilitation assistants had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other

training relevant to service users care and support needs including dementia and incontinence training. Training is facilitated mainly within the BHSCT with additional training sourced externally as required. Discussion during inspection with rehabilitation assistants and co-ordinator confirmed satisfaction with the quality of training offered.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training, supervision and appraisal. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

Safeguarding was discussed during inspection; the registered manager confirmed no matters have arisen since the previous inspection. The registered manager presented appropriate knowledge in managing matters when they arise.

Each of the eight staff interviewed had a clear understanding of their roles and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

A sample of three service user files confirmed that the agency management had carried out ongoing review of services with service users/representatives. The registered manager confirmed that the agency implement an ongoing quality monitoring process as part of their review of the rehabilitation programme and this was evident during review of three service users’ records. The registered manager confirmed that additional trust representatives outside of the rehabilitation team were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

Relatives spoken with by the UCO, staff spoken with during the inspection and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group. Staff spoken with during inspection did highlight pressures within their daily rotas’ in meeting care and rehabilitation needs of service users within the allotted timeframes. Staff feedback was shared with the registered manager and co-ordinator for further discussion with the staff team.

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.4 Is care effective?**

The UCO was informed by the relatives interviewed that there were no concerns regarding carers’ timekeeping or that care has been rushed. They also advised that they had not experienced any missed calls from the agency.

No issues regarding communication between the service users, relatives and staff from Intermediate Care Services were raised with the UCO. All of the relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package. Home visits have taken place by occupational therapists and physiotherapists to ensure satisfaction with the care; and one relative confirmed that they had received a questionnaire from the agency to obtain their views of the service.

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

- “Good communication with the family.”
- “No complaints.”

The agency’s recording policy and associated procedures on ‘Recording and reporting’ had been revised in 2015 and 2016. The agency maintained recording templates in each service user’s home file on which rehabilitation assistants and professional staff recorded their visits. The inspector reviewed three completed records returned from service user’s homes, which confirmed appropriate procedures in place.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager or professionals/therapists if any changes to service users’ needs are identified. Staff interviewed confirmed ongoing quality monitoring is completed by the professionals/therapists to ensure effective service delivery.

The registered manager confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with eight rehabilitation assistants during the inspection supported review of this topic as necessary.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments by a range of professionals as necessary. The professional assessments completed by the agency on an ongoing basis evidence that service users and/or representative’s views are obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their rehabilitation and treatment plan during the course of their time with the service. Questionnaires are provided for service users to give feedback when the service is complete. Evidence of this process was reviewed during inspection in terms of those questionnaires received by the agency. Service user files reviewed during inspection contained evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to other trust professionals and evidence of this process was reviewed during inspection.

The agency had completed their annual quality report for 2016, with a summary of findings and improvements planned. The registered manager confirmed the report is not provided to service users due to the short term nature of the service. The inspector recommended including a

summary of the annual report within new service users home files and this was agreed by the manager.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

All of the relatives interviewed by the UCO felt that care was compassionate. The 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 to ensure satisfaction with the care that has been provided by Intermediate Care Services. Examples of some of the comments made by relatives are listed below:

- "Lovely girls."
- "They allow XXX to keep his independence."
- "XXX gets on well with them."

Records viewed in the agency office and discussions with staff confirmed that observation of staff practice was carried out within service users' homes on an ongoing basis. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

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.

The agency implement service user quality monitoring practices on an ongoing basis through home visits by the professional therapist staff. Records reviewed during inspection support ongoing review of service user's needs with evidence of revised care and support plans and rehabilitation programmes. Quality monitoring from service user visits alongside monthly quality reports and the annual quality review of services evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Very helpful in the way staff conducted themselves, they showed great care and respect' (Service user satisfaction survey)
- 'It was wonderful, couldn't have managed without them'(Service user satisfaction survey)
- 'It was worthwhile and helped me a lot, it gave me confidence to progress to a state of fitness'(Service user satisfaction survey)

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person Mr Martin Dillon and registered manager Mrs Sharon Adair the agency provide domiciliary care to 30 people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

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

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently with exception to the trust policies on staff induction and whistleblowing. This matter was discussed with the registered manager for attention.

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

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2015 and 2016 to date, with three complaints arising. Review of the complaints during inspection supported appropriate procedures in place. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No reportable incidents had occurred since the previous inspection.

The inspector reviewed the monthly monitoring report for September 2016 as this revised process has just been implemented by the agency. This report evidenced that the registered manager and the acting services manager had commenced monitoring the quality of service provided in accordance with minimum standards. Reports are reviewed and signed off ongoing by the acting services manager and evidence of this process was confirmed post inspection.

The eight rehabilitation assistants interviewed indicated that they did not always feel supported by senior staff. This feedback was shared with the registered manager and co-ordinator for further review. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as informative in providing quality care to service users.

Staff spoken with highlighted pressures in meeting service users' needs and this feedback was shared with the registered manager and co-ordinator for further discussion with the staff team.

Ongoing electronic and written communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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