

Unannounced Care Inspection Report 6 February 2018



Reablement Service

Type of service: Domiciliary Care Agency

Address: Knockbreda Health Centre, 110 Saintfield Road, Belfast, BT8
6RH

Tel No: 028 9504 5777

Inspector: Michele Kelly

www.rqia.org.uk

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

This is a domiciliary care agency which provides reablement services which include a range of personal care services to people living in their own homes in the Belfast area. The agency has a team of occupational therapists and reablement support staff to assess and plan care for the service users and provide professional intervention when required. The agency is a transition service for discharged hospital patients and persons in their own homes aged 65 and over.

3.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered manager: Mrs Lynne Bullock
Person in charge of the agency at the time of inspection: Mrs Lynne Bullock	Date manager registered: 22 June 2016

4.0 Inspection summary

An unannounced inspection took place on 6 February 2018 from 09.45 to 14.15 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 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 a number of areas of service delivery and care records and was supported through review of records at inspection. The service is supported by a professional team which offers timely access to professional assessment and intervention. Feedback from service users, families and staff during and following the inspection was positive.

During the inspection the inspector met with the registered manager, another member of management staff, an occupational therapist and three reablement support staff.

The Belfast Trust's Reablement Service provides assistance with personal care, medication and meals to service users following discharge from hospital and for service users residing in the community. The User Consultation Officer (UCO) spoke with four service users, by telephone, on 5 February 2018 to obtain their views of the service.

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 manager and staff of the agency for their co-operation throughout the inspection.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Lynne Bullock, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 04 October 2016.

No further actions were required to be taken following the most recent inspection on 4 October 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:

- Previous inspection report.
- Record of notifiable events for 2016/2017

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

- Discussion with the manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

Following the inspection the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No feedback was received by RQIA at the time of writing 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.
- Six staff members' supervision and appraisal records.
- Four staff members' training records.
- Staff training matrix.
- Staff meeting minutes.
- Staff NISCC registration and renewal of registration processes.
- Statement of purpose.
- Service user guide.
- Staff handbook
- Four service users' records regarding referral care planning and quality monitoring.
- Four service users' log sheets.
- Three monthly monitoring reports.
- Annual quality process.
- Communication records with HSCT professionals.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 04 October 2016

No further actions were required to be taken following the most recent inspection on 4 October 2016.

6.2 Review of areas for improvement from the last care inspection dated 04 October 2016

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 inspector discussed the process of recruitment with the registered manager; the agency's staff recruitment process is managed by the organisation's human resource department and records are kept at this department. The agency's recruitment policy outlines the system for ensuring that the required staff pre-employment checks are completed prior to commencement of employment. The inspector noted in six files reviewed that the registered manager or registered person does not provide a statement that a person to be employed is physically and mentally fit for the purposes of the work he is to perform. This area for improvement was discussed with the manager.

The manager confirmed an induction programme had been completed with each staff member and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. Review of staff files and interviews with staff supported an induction process lasting more than three days and compliant with Regulation 16(5) (a). Records reviewed evidenced staff members' registration with NISCC and the manager described the system in place to review staff renewal of registration. Staff members described their recruitment processes in line with those found within the agency procedures and records. The agency's policies and procedures in relation to safeguarding adults were reviewed.

The agency has implemented the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership').

The manager confirmed that there had been one referral to Adult Safeguarding since the last inspection and following discussions the inspector was satisfied that the agency's response was appropriate. Staff spoken with during inspection also presented an understanding of their role in safeguarding and whistleblowing.

Records reviewed for evidenced mandatory training, quality monitoring, supervision and appraisal in accordance with agency procedures. The inspector noted that reablement support workers are offered extensive specialised training to enable them to intervene appropriately in the planned packages of care.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. Staff also stated that the occupational therapists within the team are very accessible and supportive when issues arise.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. The agency's assessment and care planning policy outlines the process for assessing and reviewing risk. The agency receives a range of relevant information and assessments relating to individual service users prior to them receiving care and support.

Staff described how they support service users to be involved in the development and review of their care plans. Staff stated that they record the care and support provided to service users at each visit. Records reviewed confirmed staff are recording appropriately and that the principles of good record keeping and learning from incidents reported are reinforced at supervision and during staff meetings.

Comments received during inspection.

Staff comments:

"Training is very good; there is a lot at the start"

"Brilliant training and support"

The UCO was advised by all of the service users interviewed that there were no concerns regarding the safety of care being provided by the BHSCT's Reablement Service. No issues regarding the carers' training were raised with the UCO. All of the service users interviewed confirmed that they could approach the carers and healthcare professionals if they had any concerns. Examples of some of the comments made by service users are listed below:

- "They're great."
- "I try to do what I can myself but the carers help me if necessary."
- "I'm nervous about showering on my own. I feel more confident that the carer is here in case I need them."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training and supervision and appraisal.

Areas for improvement

- The registered manager or registered person provides a statement that a person to be employed is physically and mentally fit for the purposes of the work he is to perform.

	Regulations	Standards
Total number of areas for improvement	1	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 responding to and meeting the assessed needs of service users were reviewed. The Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users’ needs are identified. Reablement support workers and professional staff record visits and interventions on files within service users’ homes. The inspector noted that completed records were appropriately detailed and person-centred. Staff also confirmed ongoing quality monitoring of service users and staff practice is completed by their co-ordinators to ensure effective service delivery.

Staff interviewed during inspection confirmed that they were provided with details of care planned for each new service user. The inspector viewed the “Maximising Independence Plan” created for six service users; these contained specific, person centred information which focused on assisting service users to better independence. 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 users’ choice, dignity, and respect.

The service user guide issued to service users at commencement of care includes details regarding advocacy services should service users require support in reviewing their care or making a complaint. Review of service user’s guides and agreements during inspection and discussion with the manager confirmed service users receive this information with an appropriate timeframe compliant with regulations and standards. Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care plan during the course of their time with the service. Service user files reviewed during inspection contained evidence of communications between the service users and relatives where changing needs were identified and reassessments resulted in amended care plans. Ongoing communications with trust professionals forms an integral part of this review process and this was evident during inspection.

The inspector reviewed the agency’s arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency has a system in place for monitoring the quality of the service provided; it was noted that the process involves regular audits of working practices.

Records of quality monitoring visits were noted to include a review of accidents, incidents or safeguarding referrals, complaints, medication, care plans and staffing arrangements. The inspector also viewed evidence of engagement between the agency’s staff and other Belfast Health and Social Care (BHSCT) staff who may be involved with service users.

Comments received during inspection.

Staff comments;

“We have a very flexible service”

“Our service is very organised, a relative said how well organised we are”

The UCO was informed by the service users interviewed that there were no concerns regarding timekeeping, rushed care or missed calls. No issues regarding communication between the service users and the agency staff were raised with the UCO. All of the service users interviewed by the UCO confirmed that they had been visited by an Occupational Therapist to discuss their care and ensure their satisfaction with the service.

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

- “The OT called out at the start to talk to me about the care.”
- “Happy with the help.”
- “Before the carers stopped calling, the OT did an assessment to see if I could manage on my own.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and communication with staff, service users and relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The agency implements service user quality monitoring practices on an ongoing basis through home visits and telephone contact. Records reviewed during inspection support ongoing review of service users’ needs. The inspector noted that staff respond sensitively to representative and service user requests for very person-centred interventions to further their progress to independence.

Staff interviewed also discussed examples of compassionate interventions when working with service users. Quality monitoring from service user contacts alongside monthly quality reports evidenced positive feedback from service users and their family members.

Comments included;

“XXXX was brilliant, helped me physically and helped keep my spirits up; it felt like my daughter coming in.

“I appreciated the service and the companionship of staff; it helped break the monotony of the day”

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 and manager.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

All of the service users interviewed by the UCO felt that care was compassionate. The service users 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 have been sought during home visits by the occupational therapists to ensure satisfaction with the care that has been provided. Examples of some of the comments made by service users are listed below:

- “Very nice girls.”
- “The girls are very nice and understanding.”
- “Very happy with the service.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector viewed the management arrangements and found there was a clear organisational structure. Mrs Lynne Bullock leads a team of staff including an occupational therapists, co-ordinators and reablement support workers who are aware of their roles, responsibility and accountability. The agency provides domiciliary care to 140 people.

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

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

The policy and procedures which are maintained electronically and in paper format were reviewed and contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures and a range of the policies are contained within the staff handbook issued to all staff during induction to the agency and updated accordingly on an ongoing basis.

The agency retains a record of all complaints or compliments received. The inspector reviewed two complaints which had been received by the agency since the last inspection and was satisfied that the agency had responded appropriately.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body; copies of individual staff member's registration certificates are retained by the agency and monitored by a designated person in the BHSCT. Discussions with the registered manager provided assurances that the agency has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The inspector reviewed the monthly monitoring reports for October, November and December 2017. The reports evidenced that the quality of service provided is monitored robustly and the inspector noted that detailed audits of working practices are included.

The agency has very regular team meetings in which opportunities were given to share learning. The minutes of these meetings were detailed and informative reflecting effective communications within the team.

The inspector also noted that there was regular observational supervision of staff with reablement support workers being guided by professional staff to ensure appropriate interventions for each service user.

Comments received during inspection.

Staff comments;

“I feel the service is very professional”

“The manager is approachable and professional”

“There is a good on-call response if required”

All of the service users interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the carers or the management of the agency were raised during the UCO interviews.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships and the very thorough approach to monthly quality monitoring.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Lynne Bullock, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13 Schedule 3 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (c)he is physically and mentally fit for the purposes of the work which he is to perform; Ref: 6.4
	Response by registered person detailing the actions taken: All aschedule 3 forms are now signed by all Domiciliary staff

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



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