



The **Regulation** and
Quality Improvement
Authority

Belfast Trust Homecare Service
RQIA ID: 10884
331 Cregagh Road
Belfast
BT6 0LE

Inspector: Amanda Jackson

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**Unannounced Care Inspection
of
Belfast Trust Homecare Service**

22 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 22 March 2016 from 09.15 to 15.00. 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	0	1

The details of the QIP within this report were discussed with the registered manager Martin Adams and agency manager 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: Mr Martin Adams
Person in charge of the agency at the time of Inspection: Mr Martin Adams	Date Manager Registered: 10 April 2009
Number of service users in receipt of a service on the day of Inspection: 1,000	

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

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

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 and second agency manager.
- Consultation with seven staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and four relatives on 22 March 2016 to obtain their views of the service. The service users interviewed receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Housework
- Financial assistance i.e. shopping.

The findings from their feedback have been included within the body of this report.

During the inspection the inspector met with seven care staff and their feedback is contained within the body of this report.

Ten staff questionnaires were provided to the registered manager on the day of inspection. He was asked to forward these to a random sample of care staff, to find out their views regarding the service. Four staff questionnaires were received following the inspection and feedback is detailed within the report.

The following records were examined during the inspection:

- Registered manager and agency service manager training records
- Four co-ordinators training, supervision and appraisal records
- Four care staff's training, quality monitoring, supervision and appraisal records
- Four service users home recording records
- Three new service user referral, assessment, care plan and initial visit records
- Three long term service users review, reassessment records
- Three service user quality monitoring records
- Three compliments
- Three complaints
- Four staff communication logs regarding changes to service users' needs
- Additional staff training in dementia, continence and QCF level 2
- 2014 Annual quality report
- Three monthly quality monitoring reports
- Three staff/locality area rota's
- Missed/late calls procedure
- On call protocol
- Two daily contact logs
- Two on call logs
- On call rota.
- Two communication records with trust professionals regarding missed calls
- Two staff supervision/disciplinary records regarding missed calls.

5. The Inspection

Belfast Trust Homecare Service is a domiciliary care agency which is based across two locality sites at 331 Cregagh Road, Belfast (south and east) and Shankill Road, Belfast (north and west).

Restructuring of this service a few years previous divided the service into three locality areas operating from two locality offices. The Cregagh service operates as one locality office with the second office operating from the Shankill health and wellbeing centre on the Shankill Road, Belfast.

The current management arrangements for the Cregagh office includes Martin Adams (registered manager) covering the Castlereagh and East Belfast locality areas and a second manager (not registered with RQIA) who covers the South Belfast locality area.

Belfast Trust Homecare Service under the direction of the registered manager Mr Martin Adams provide a range of services to 1,000 people living in their own homes. They provide personal care assistance, social support and domestic duties to service users. The majority of service users are older people, but they also provide services to those with a learning disability and/or a physical disability that require assistance to maintain an independent lifestyle. The Belfast Health and Social Care (HSC) Trust commissions the services which are provided on a single rota system. Staff numbers are currently 260.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 29 June 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 registered person is required to ensure the manager's training is compliant with regulation 11(3).	Met
	Action taken as confirmed during the inspection: Review of the registered manager and agency manager training files confirmed compliance with Regulation 11(3) and requirement one.	
Requirement 2 Ref: Regulation 16(2)(a)	The registered person is required to ensure all staff including co-ordinators and care staff training is compliant with regulation 16(2)(a).	Met
	Action taken as confirmed during the inspection: Review of four Band five co-ordinators and four Band two care staff training records confirmed compliance with Regulation 16(2)(a) and requirement two.	
Requirement 3 Ref: Regulation 16(4)	The registered person is required to ensure all staff (including co-ordinators and care staff) receives supervision and appraisal in line with the trust policy.	Met
	Action taken as confirmed during the inspection: Review of four Band five co-ordinators and four Band two care staff supervision and appraisal records confirmed compliance with Regulation 16(4) and requirement three.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.2.	The registered manager is recommended to ensure all service user records are maintained in compliance with standard 5.2.	Met
	Action taken as confirmed during the inspection: Review of four service user home recordings were confirmed as compliant with Standard 5.2 and recommendation one.	

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 HSC Trust commissioners contained a good level of information regarding service user and/or representative's views. The referrals detailed a care plan and risk assessment. The care plans completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. Service user guides and agreements had been provided to service users and were signed by service users or their relative.

The UCO was advised that service users are usually advised of the name of new carers by a regular member of staff; this was felt to be important in terms of the service user's security.

The documentation relating to three service users was reviewed by the inspector during the inspection. The files reviewed contained a copy of the service user's care plan and log sheets were being completed appropriately by carers.

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.

Management visits are taking place to discuss the care being provided; however none of the people interviewed were able to confirm that observation of staff practice had taken place. One person advised that they had received a questionnaire from the agency asking for their views of the service.

Review of staff quality monitoring during inspection confirmed an appropriate process and timeframes for staff observations. Evidence of the annual quality report for 2014 was reviewed during inspection. The reports details a wide ranging review of service provision and quality over the previous year and the evidence of the report being shared with service users was evident at inspection. Service user quality visits and contacts were confirmed during inspection for four service users and had taken place in line with the confirmed timeframes.

The agency had received a number of complaints since the previous inspection. Review of three complaints records supported an appropriate procedure for complaints review and resolution.

The compliments records from service users and their family members reviewed during inspection contained positive feedback regarding the care provided to service users as detailed below:

'She is the kindest home help my mother has had'.

'Thank you for all that you organise for us, much appreciated'.

‘Compliments to the staff for their action taken when my XXX sustained a fall’.

Discussions with seven staff members during the inspection confirmed how the agency provide positive feedback to staff following compliments and this was reviewed during inspection in the form of letters to staff who have received compliments.

The agency has monthly monitoring reports completed by the assistant services manager. The inspector reviewed three such reports and found reports to be consistent with the RQIA template and appropriately detailed regarding all matters stated. However the inspector has recommended that reports evidence independent sampling of feedback by the assistant services manager in addition to the current quality monitoring processes captured in the reports. The reports also evidenced actions taken to address matters at each monthly review.

Communication records viewed in the agency office evidenced how feedback was received and shared with staff as necessary in respect of changes to service users’ needs. This was also confirmed by staff spoken with on the inspection day.

Seven 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. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed how processes such as daily contact with their line managers share ongoing changes to service user’s needs and evidence of these processes were reviewed during the inspection day. Additional staff training is offered as required to ensure staff are appropriately knowledgeable in service users’ specific needs and staff spoke positively regarding additional training provided when requested including Qualifications and Credit Framework (QCF) level two and three and dementia awareness training. One of four staff questionnaires received raised some level of dissatisfaction with training in the area of mental health and dementia and this was discussed with the managers at the end of the inspection day.

Is Care Compassionate?

The majority of the people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from the Belfast Trust; one relative raised a concern regarding medication management and this was shared with the agency manager for review. 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. Examples of some of the comments made by service users or their relatives are listed below:

- “No problems at all”.
- “Gives the family peace of mind. The girls are absolutely fabulous with my XXX”.
- “Very, very kind”.
- “Couldn’t fault the care”.

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits or telephone calls.

Staff interviewed confirmed that service users' views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users needs' however staff did raise a need for further training in the area of dementia and this was reflected also on one staff questionnaire. This feedback was shared with the manager as part of the inspection process.

Staff discussed several service users with communication difficulties and how they communicate through hand and facial gestures to meet the service users' individual needs.

Four staff questionnaires returned raised no concerns regarding compassionate care delivery. One staff questionnaire did however raise dissatisfaction with the timeliness of multi-professional support, equipment placement and care planning of service users' needs by commissioners. Two staff also raised dissatisfaction with allocated time by commissioners. Feedback was shared with the manager as part of the inspection process.

Areas for Improvement

The agency has met the required standards in respect of theme one with exception to independent feedback from service user, representatives, staff and commissioners sought by the assistant services manager during monthly quality monitoring. A recommendation has been made in this regard.

Number of Requirements:	0	Number of Recommendations:	1
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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 during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed and late calls. The agency has a policy and procedure for management of missed and late calls and this was reviewed as appropriate during inspection. The agency has had a range of missed calls in recent months. Review of records during inspection confirmed good communication with service users and staff in these cases. Communication with the referring HSC Trust commissioners was also available for review during inspection regarding three missed call records reviewed. Review of staff rota's during inspection for three staff members/locality areas reflected a process for allocating the staff numbers to service user calls. However the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system. Staff spoken with during the inspection confirmed rostering worked effectively and was provided to staff in a timely manner.

Is Care Effective?

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

The managers confirmed that missed or late calls would occur due to the size of the service. Evidence of three missed calls as referenced in the above section were appropriately managed and communicated to trust commissioners.

Procedures in place for staff quality monitoring and disciplinary processes were reviewed during inspection as appropriate.

Monthly monitoring reports completed by the assistant services manager were reviewed and noted to reference missed calls.

Staff interviewed on the day of inspection confirmed that they felt supported by management staff, staff also demonstrated a clear understanding of their reporting processes if running late for next service user visits or missing a call.

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 to be good with appropriately trained and skilled staff who delivered compassionate care. Where issues arise service users described appropriate communication processes in order to keep them informed.

Seven staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes were calls are missed or delayed.

Areas for Improvement

The agency has met the required standards in respect of theme two.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

Incidents

The inspector did not review incidents during the inspection as only one incident notification had been received since the previous inspection and was closed prior to this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with registered manager Mr Martin Adams and agency 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 agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis (regarding independent sampling of all stakeholders).</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The monthly monitoring report will include evidence of sampling of feedback from service users following quality monitoring reported by home care co-ordinators to ensure quality monitoring.</p>

Registered Manager Completing QIP	Martin Adams	Date Completed	10.5.16
Registered Person Approving QIP	Martin Dillon	Date Approved	10.5.16
RQIA Inspector Assessing Response	A.Jackson	Date Approved	12/05/16

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address