



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Belfast Trust Homecare Service

Establishment ID No: 10884 (Cregagh Service)
11029 (Shankill Service)

Date of Inspection: 19 January 2015 (Cregagh Service)
29 January 2015 (Shankill Service)

Inspector's Name: Amanda Jackson

Inspection No: IN017349 & IN017351

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Belfast Trust Homecare Service
Address:	331 Cregagh Road Belfast BT6 0LE And Shankill health and wellbeing centre 83 Shankill Road Belfast BT13 1PD
Telephone Number:	02895 049807 (Cregagh Service) 02895 040332 (Shankill Service)
E mail Address:	martin.adams@belfasttrust.hscni.net anne.turley@belfasttrust.hscni.net
Registered Organisation / Registered Provider:	Belfast HSC Trust/Mr Martin Dillon (Acting Registered Person)
Registered Manager:	Martin Adams (Cregagh Service) and Anne Turley (Shankill Service)
Person in Charge of the agency at the time of inspection:	Tony McGreevy (agency manager for Cregagh Service in the absence of Martin Adams) and Anne Turley (registered manager for Shankill service) Both managers attended both inspections
Number of service users:	1350 (Cregagh service) 1947 (Shankill service)
Date and type of previous inspection:	Primary Announced Inspection 17 & 18 June 2013

Date and time of inspection:	Primary Unannounced inspection 19 January 2015 09.15 to 15.45 hours (Cregagh service) and 29 January 2015 09.00 to 16.30 hours (Shankill service)
Name of inspector:	Amanda Jackson

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	5 (Cregagh service) 0 (Shankill service)
Staff	4 (Cregagh service) 1 (Shankill service)
Relatives	4 (Cregagh service) 10 (Shankill service)
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	40	6 (across both services)

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

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 has taken place since the previous inspection to divide 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 two offices/three locality areas are as follows:

- Martin Adams (registered manager for the Cregagh service and registered with RQIA) covers the Castlereagh and East Belfast locality areas.
- Anne Turley (registered manager for the Shankill service and registered with RQIA). Anne covers the West and Shankill locality areas.
- Tony McGreevy (second manager within the Cregagh service and Shankill service) Tony is not registered with RQIA but may become in the future. Tony covers the South and North Belfast locality areas.

Belfast Trust Homecare Service under the direction of the registered managers Mr Martin Adams, Ms Anne Turley and agency manager Tony McGreevy provide a range of services to 1350 for the Cregagh service and 1947 for the Shankill service for 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 HSC Trust commissions services from both locality sites and all services provided operate on a single rota system. Staff numbers for the Cregagh service are currently 355 and 332 for the Shankill service.

Review of action plans/progress to address outcomes from the previous inspection.

Belfast Trust Home Care service had one requirement and five recommendations made during the agency's previous inspection on 17 & 18 June 2013. All requirements and recommendations were not reviewed during this inspection due to review of key theme areas for this inspection year.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Belfast Trust Home Care service were carried out on 19 January 2015 between the hours of 09.15 and 15.45 hours at the Cregagh road office and 29 January 2015 between the hours of 09.00 and 16.30 hours at the Shankill road office. The agency continues to make steady progress in respect of the identified areas discussed in the body of this report.

Phone calls to service users were carried out by the UCO prior to both inspection date on 16 January 2015 for the Cregagh service and prior to and following the inspection date 26 January and 2 February 2015 for the Shankill service, and a summary report is contained within this report. Findings following these home visits were discussed with Tony McGreevy (agency manager) and Anne Turley (registered manager for Shankill service).

The inspector had the opportunity to meet with four staff members (for Cregagh service) and one staff member for Shankill service on the inspection days to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure. Staff feedback confirmed staff spot checking/quality monitoring is sporadic and confirmed recording the numbers of tablets or full staff name would not be common practice. All areas were recommended by the inspector going forward and discussed with the agency managers.

Four requirements and two recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

40 staff surveys were issued and six received which was a disappointing response.

Staff comments included on the returned surveys where as follows:

“I feel that my line manager is an ever present supportive figure in my role and development.”

“I personally can rely on my manager any time or for any reason. She is always only a phone call away.”

“Since starting in 1977, I have seen a great improvement throughout the board across all the current needs.”

“All staff would need more time with clients as it is impossible to notice change in client, check dates on food, clean work areas in 15 mins which is most of our calls now.”

Home Visits summary (Cregagh service)

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with five service users and four relatives on 16 January 2015 (Cregagh service) to obtain their views of the service being provided by Belfast Health and Social Care Trust's homecare service. The service users interviewed have been using the agency for a period of time ranging from approximately three weeks to four years and receive assistance with the following at least once per week:

- Management of medication
- Personal care
- Meals
- Shopping
- Housework

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. There were mixed results regarding service users being advised of the name of, or introduced to, new members of staff by a regular carer; it would be good practice for the agency to do so when possible. No concerns regarding the carers' timekeeping were raised with the UCO. One relative felt that care can sometimes be rushed; the matter was discussed with the agency manager (Cregagh locality) during the inspection.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from the Belfast Trust. The majority of the people interviewed had never made a complaint about the agency, however they were aware of whom they should contact if any issues arise. One relative advised that a complaint had been made regarding missed calls and they were satisfied with the outcome.

There were mixed results regarding management from the agency visiting to ensure satisfaction with the service. The majority of the people interviewed were unable to confirm that observation of staff practice had taken place in their home. The above matters were discussed with the agency manager during the inspection. Review of service user quality monitoring during inspection for two areas covered within the Cregagh office locality area appeared compliant while staff quality monitoring was confirmed as moving towards compliant. Discussions with five care staff during both inspection day also confirmed staff quality monitoring to be sporadic.

A number of people interviewed also confirmed that they received a book from the agency when the service commenced and that it is completed by the carers at all calls. Examples of some of the comments made by service users or their relatives are listed below:

- "Both girls are very friendly."
- "All of the carers put me at ease."
- "Can't speak highly enough of them."
- "The girls are very good and patient; especially when helping my XXX who has dementia."

Home Visits summary (Shankill service)

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with ten relatives between 26 January and 2 February 2015 to obtain their views of the service being provided by the Belfast Health and Social Care Trust's homecare service in North and West Belfast. The service users interviewed have been using the agency for a period of time ranging from approximately four months to nine years and receive assistance with the following at least once per day:

- Management of medication
- Personal care
- Meals
- Shopping
- Housework

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually advised of the name of, or are introduced to, new members of staff by a regular carer.

The majority of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be contacted by the agency if their carer had been significantly delayed, this is good practice. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from the Belfast Trust and were aware of whom they should contact if any issues arise. One relative advised that a complaint being made regarding a missed call. Examples of some of the comments made by service users or their relatives are listed below:

- "Very good to my XXX and did more than was required."
- "There is good communication between the carers and ourselves."
- "Care was excellent."
- "It gives the family of peace of mind to know that someone calls with my XXX and will contact us if there are any issues."
- "No concerns at all, all very good."

Some of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service; however they were unable to confirm that observation of staff practice had taken place. A number of people also confirmed that they received a book from the agency when the service commenced and that it is completed by the carers at all calls.

Summary

Theme one - Management and control of operations

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

The agency has achieved a level of **moving towards compliant** in relation to this theme.

The agency's 'Management and control of the agency policy' dated 29/01/15 and 'Statement of Purpose' dated 24/11/14 viewed contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered managers and agency manager during inspection and review of records for the managers and management staff did not support a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

Review of consistent supervision appraisal processes for all management staff were not confirmed during inspection and have been requested for implementation.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update during inspection to include an area for staff competence matters as appropriate.

Records regarding medication incidents and vulnerable adult incidents were reviewed and found to have been appropriately recorded, managed and reported but not consistently within RQIA timeframes. Review of timeframes consistent with RQIA and retention of all appropriate documentation has been required for review.

Three requirements have been made in relation to this theme and relate to registered manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3) and 13(b), and the revision of the staff supervision and appraisal policy and implementation of supervision for management staff in line with Regulation 16(4) and Standards 13. Reporting and maintenance of incidents to RQIA is also required for review in line with Regulation 21(3) and Schedule 4(9).

Theme 2 - Records management

The agency has achieved a level of **moving towards compliant** in relation to this theme.

The agency managers confirmed the agency has policies and procedures in place on Record Keeping, restraint and handling service users monies and all are held within the staff handbook with exception to the restraint policy which is not applicable to this service delivery. These policies were not reviewed during inspection.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection did not support full compliance in these areas and as such has been referenced in the attached QIP.

The agency does not currently provides care to any service users that require restraint hence this area was not reviewed during inspection.

The agency does manager service users monies and records reviewed during inspection were found to be substantially complaint in this area however two records requested for review could not be provided during inspection and this was discussed with the agency managers and required for urgent attention.

Two requirements (which overlap with theme one) and one recommendation have been made in relation to this theme and relates to staff training compliant with the RQIA mandatory training guidelines 2012, staff spot monitoring and supervision and records completion (standards 5.2).

Theme 3 – Recruitment

The agency has achieved a level of **compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2. and is to be commended. No requirements or recommendations have been made in respect of this theme.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 16 (4)	The registered manager is required to ensure staff monitoring and supervision are carried out in line with the agency policy and procedure timeframes	Referenced within theme two of this report.	Once	Moving towards compliant
2	Regulation 15 (9) Regulation 16 (2)(a)	The registered manager is required to develop and introduce a competency / capability assessment for all staff regarding vulnerable adults and manual handling. (Minimum Standard 14.4)	This criteria was not reviewed during inspection.	Once	Not applicable
3	Regulation 23 (1)	The registered manager is required to ensure all future staff meetings include feedback regarding vulnerable adult cases (where appropriate) as an element of learning for all staff. (Minimum Standard 14.8)	As per requirement two above.	Once	Not applicable

4	Regulation 23 (1)	The registered manager is required to ensure all future monthly reports evidence follow through of vulnerable adults cases regarding resolution reached or on-going investigation.	As per requirement two above.	Once	Not applicable
5	Regulation 23 (1)	The registered manager is required to ensure all future annual quality surveys include all stakeholders. (Minimum Standard 8.12)	As per requirement two above.	Once	Not applicable

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 3.2	The registered manager is required to introduce the environmental risk assessment template for all new referrals.	As per requirement two above.	Four	Not applicable

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The managers have been recruited in respect of the Belfast Trust recruitment policy and procedures and meet the criteria and have been deemed competent to carry out the role at this level in the organisation. They are registered with NISCC and maintain the mandatory training requirements and have relevant qualifications as required for registration as manager. They also have undertaken management training. Annual PCP/PDP's have been completed in respect of the managers which identify evidence of competencies and skill. The Belfast Trust maintain and monitor on its database all staff registration requirements with regulated bodies.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The statement of purpose dated 24/11/14 and the policy on Management and control of the agency dated 29/01/15 were reviewed as compliant reflecting a clear structure regarding management within the agency following the restructuring changes which have taken place recently. These structures included the Assistant services manager, registered and non-registered managers Martin Adams, Tony McGreevy and Anne Turley, together with the Band 5 home care co-ordinators and all other staff including management and care staff.</p> <p>Training records for the registered managers and agency manager were found to be in place regarding a few of the areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) but not for all areas. A number of the mandatory training areas were also reviewed as out of date and have been recommended for renewal. The managers had also completed training in the areas of supervision and appraisal but this again was not consistent for all managers in both areas.</p> <p>Most areas of training reviewed did not include a competency assessment element however overall manager competences are reviewed as part of the trust annual appraisal process which was reviewed during inspection. Review of the appraisal process to include clear reflection of managers competence in mandatory training areas was discussed during inspection for inclusion in 2015.</p> <p>Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers</p> <p>The registered managers have recently completed the QCF level 5 award in Leadership for health and social care services in 2013 and 2014 and this is to be commended.</p> <p>The agency manager for both locality services is currently planning to enrol on a social worker post qualifying module within Queen's university Belfast in February 2015 to undertake Strategic leadership and management.</p> <p>It was discussed and reviewed during inspection that the registered managers and agency manager are currently registered with NISCC from 2013 to 2016 and 2014 to 2017 respectively.</p>	<p>Moving towards compliance</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>There is a process in place to update policies and procedures on a regular basis. These are reviewed and updated in light of audit of incidents, complaints, adult safeguarding referrals and comments from service users together with review of monthly reports and quality monitoring visits. All medication errors and incidents are reported as per reporting regulations and also on the Belfast Trust DATIX system. There is a process in place to update policies and procedures as a result of incidents concerning staff practice. These are highlighted to staff via team meetings which include reflective practice and newssheet which also discuss topical issues around these areas. The managers meetings are held regularly and managers are given the opportunity to reflect on the affect of training on the performance of the agency. The Belfast Trust has a personal contribution framework for appraisal.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency Supervision and appraisal policy and procedure incorporated within the 'Staff development, training and supervision' policy dated 02/12/2010 (out of date in line with the domiciliary care standards three year timeframe) was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision and appraisal. The trust 'Adult services social work supervision standards and criteria policy' dated March 2014 references supervision for management staff on a 'formal and regular basis' but no specific timeframes and no specific reference to management appraisal and timeframes for same. Revision of the policy and procedure is required in this respect.</p>	<p>Substantially compliant</p>

Supervision and appraisal for the managers currently takes place a minimum of three times annually for supervision and annual appraisal and were reviewed for 2014 for both registered managers. The agency manager had also received supervision and appraisal in accordance with the trust timeframes.

The inspector reviewed the agency log of three incidents for both locality sites (one vulnerable adult and two medication incidents for both locality sites) reported through to RQIA over the past year (2014). Review of these incidents confirmed appropriate recording and reporting to RQIA although timeframes were not in all cases adhered to. Additional supporting documentation regarding investigation outcome, staff statements and follow up notification to RQIA were not available for all records reviewed during inspection and have been required for all future incidents.

Monthly monitoring reports completed by the service manager were reviewed during inspection for January, February and March 2014 for both locality sites and found to be detailed, concise and compliant. Revision of the report template was recommended during inspection to include a staff competency area for use as appropriate.

The agency had completed their annual quality review for the year 2013 (January to December) which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements and this is to be commended. The 2014 report is currently being compiled for January to December 2014 year.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>All home care co-ordinators are recruited under the Belfast Trust recruitment and selection procedure and must meet the necessary criteria and provide evidence of relevant qualifications. They are all registered with NISCC and maintain the regulatory registration requirements. They also undertake relevant management training. All staff are trained in the administration of medication including specific techniques. All staff training needs are assessed as part of their PCP/PDP on a yearly basis. All home care co-ordinators have received supervisory training and they have also been trained in the Belfast Trust personal contribution framework.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency holds a training and development policy and procedure titled 'Staff development, training and supervision' dated 02/12/2010 (out of date in line with the domiciliary care standards three year timeframe) which sits alongside the annual training programme for mandatory training within the trust. (Staff training is assessed through staff training needs analysis which incorporates staff questionnaires, staff meeting minutes, peer supervision and personal development plans which identify specific training needs. This information is collated by the service manager and informed to the trust training department who then prepare the annual training programme). Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p>	<p>Moving towards compliance</p>

<p>Training records reviewed for the five of the six co-ordinators requested on both locality sites on both inspection days were found not to be in place regarding most areas of mandatory training areas in compliance with RQIA mandatory training guidelines (September 2012). The co-ordinators files did not contain evidence of training in the areas of supervision and appraisal consistently and this again was required moving forward. The sixth staff file requested for review could not be provided on the inspection days.</p>	
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Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
Provider's Self-Assessment:	
<p>There is a process in place to update policies and procedures on a regular basis. These are reviewed and updated in light of audit of incidents, complaints, adult safeguarding referrals and comments from service users together with review of monthly reports and quality monitoring visits. All medication errors and incidents are reported as per reporting regulations and also on the Belfast Trust DATIX system. There is a process in place to update policies and procedures as a result of incidents concerning staff practice. These are highlighted to staff via team meetings which include reflective practice and newssheet which also discuss topical issues around these areas. The home care co-ordinator meetings are held regularly and staff are given the opportunity to reflect on the affect of training on the performance of the agency. The Belfast Trust has a personal contribution framework for appraisal.</p>	Substantially compliant
Inspection Findings:	
<p>Appraisal for four of the six co-ordinators reviewed during both inspection days had taken place annually and were reviewed during inspection for 2014-15 while the remaining one staff was not compliant and the sixth staff file could not be made available for the inspection. Supervision for two of the six co-ordinators was reviewed as taking place in 2014 during inspection while the remaining three staff could not be confirmed as compliant during inspection whilst the sixth file was unavailable for review.</p>	Moving towards compliance

All six co-ordinator records reviewed during inspection confirmed current registration with NISCC or NMC and this is to be commended.

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>Service user's records are maintained within the agency under the Belfast Trust management policies and procedures and the agency is supported by administrative staff to ensure appropriate maintenance and storage. All service users are provided with the necessary documentation to be maintained within their own home and staff record on this appropriately in respect of the service user's health and wellbeing .</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policies on Recording and reporting care practices and Handling service user's monies were confirmed during inspection discussions with the registered manager and agency manager to be in place and contained within the staff handbook. The Restraint policy dated Jan 2014 was reviewed during a previous trust inspection in late 2014 as compliant.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on the daily evaluation recording, alongside a separate recording template. The inspector did recommend recording the number of tablets as good practice. A full medication list was confirmed as compliant during staff and management discussions but not regarding the number of tablets recorded. • Shopping record. • Staff spot checking template which includes a section on adherence to the agency recording policy. • Staff group supervision template does not includes records management (recording and reporting) <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of six staff files across both locality areas during inspection did not confirm staff adherence to records management as no staff spot checks had taken place for the staff reviewed. Staff supervision records for two of the six staff for 2014 were reviewed as partially compliant with the remaining four staff files evidencing no staff supervision. No staff competence matters were evidenced during discussions with the managers. Staff discussions with five care staff members during inspection confirmed that spot checks are not taking place in a consistent manner across both locality areas.</p>	<p>Moving towards compliance</p>

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for six staff members across both locality sites as not compliant in these areas. All areas were found not to be up to date and have been requested for review.

The agency managers confirmed records management as a regular topic for discussion during staff meetings/group supervision, review of four recent staff meeting minute records dated 02/09/14 and 10/06/14 (one locality area) and 10/11/13 and 17 and 19/06/14 (second locality area) evidenced this topic.

Review of six service user files during the inspection by the inspector confirmed recording in the general notes and medication records to be substantially compliant with some gaps in recording identified regarding consistency of calls recorded, times of calls clearly reflected as A.M. or P.M. and departures times. The inspector recommended all areas for review and also recommended staff detailing the number of tablets given and staff full signatures as discussed during care staff discussions at inspection.

Review of service user records and discussion with both manager during inspection confirmed that restraint is not in place for service users within this service. Review of service user files did not therefore take place during inspection in this respect.

Two service user records requested for review could not be obtained by the agency and have been requested for urgent review.

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>The service has clear policies and procedures in respect of staff handling service users monies and this is monitored as part of observation of practice in service users homes. Records are kept in service users homes of all transactions.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Discussions during inspection confirmed a number of service users are in receipt of financial assistance, for example shopping, from the agency; this was supported during inspector discussions with the agency managers at both locality sites. Review five files during inspection confirmed general compliance with one file reviewed requiring review by the agency and the commissioning trust as there was no care plan to support shopping as a task being undertaken by the staff. Clear records were however being maintained and were reviewed during inspection.</p>	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • the applicant’s identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed. 	

Provider's Self-Assessment:	
The agency is part of the Belfast Trust and the Trust has clear recruitment and selection procedures as outlined in the Belfast Trust recruitment and selection policy.	Compliant
Inspection Findings:	
Review of the staff recruitment policy dated June 2010 confirmed compliance with regulation 13 and schedule 3 but is required for review in light of domiciliary care standards three year timeframe for policy reviews.	Compliant
Review of two 2014 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.	

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed six of the 2014 complaints (across both locality sites) during the agency's inspection given the stage in the inspection year (early 2015) and confirmed all records to be substantially compliant given that not all associated records were retained with the complaint for review and could not be provided during the inspection.

Substantially compliant

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Anne Turley (registered manager), Anthony McGreevy (agency manager), the service manager was also present for the inspection feedback** as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Unannounced Primary Inspection

Belfast Trust Homecare Service

19 and 29 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Anne Turley (registered manager) and Mr Tony McGreevy (agency manager)** receiving feedback during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 11(3)	<p>The registering person is required to ensure all management staff (including co-ordinators) and care staff training is compliant with Regulation 11(3), Minimum standards 12.3 and 12.4 and in line with RQIA mandatory training guidelines 2012 and include competency sign off.</p> <p>As discussed within theme one criteria one within the report and within theme two.</p>	Once	The registered manager will ensure that a process is in place to evidence mandatory training for all staff including competency sign off.	To be completed three months from the date of inspection
2	Regulation 16(4)	<p>The registering managers are required to review and revise the agency policy on Supervision and Performance review to ensure appropriate reference is made to management staff processes and timeframes.</p> <p>The registering managers are further required to ensure all management and care staff receive observation of practice, supervision and appraisal in line with the trust policy.</p> <p>(Minimum standard 13)</p> <p>As discussed within theme one, criteria two and four of the report and within theme two criteria one.</p>	Once	The agency policy on supervision and performance will be reviewed at the next policy group meeting. Processes have been put in place for all staff to receive observation of practice, supervision and appraisal in line with Trust policy.	To be completed three months from the date of inspection

3	Regulation 21(3) and Schedule 4(9)	<p>The registering managers are required to review and revise the agency procedures for maintaining incident records.</p> <p>As discussed within theme one, criteria two of the report.</p>	Once	A process has been put in place to centrally retain all incidents and incident outcomes in each locality for inspection purposes.	To be completed with immediate effect and ongoing
4	Regulation 22	<p>The registered managers are required to ensure all complaints records are centrally retained. (Standard 15)</p> <p>As discussed within the additional areas section of this report.</p>	Once	A process has been put in place to centrally retain all complaints.	To be completed with immediate effect and ongoing

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 9.5	<p>The registering person/registered managers are recommended to review all policies three yearly in compliance with the domiciliary care agencies minimum standard 9.5.</p> <p>As discussed within theme one and three within the report.</p>	Once	All policies will be reviewed within the three year time frame.	To be completed three months from the date of inspection
2	Standard 5.2	<p>The registered managers are recommended to ensure all service user records are maintained in compliance with standard 5.2.</p> <p>As discussed within theme two within the report.</p>	Once	All managers will discuss the recommendations re recording at staff meetings, individual supervision and an audit process has been put in place to check compliance, the medication recording sheets have been updated to include the number of tablets administered.	To be completed with immediate effect and ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	ANNE TURLEY
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dillion Acting Chief Executive

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	10/03/15
Further information requested from provider			